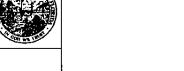
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S61720 RAUL P. PALOMADO, M.D., P.A. Principal Place of Business 302 W. MAIN STREET **BOWLING GREEN, FL 33834**



FILED Feb 19, 2008 08:00 Al Secretary of State





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Mailing Address

P.O. BOX 1357

BOWLING GREEN, FL 33834

CR2E034 (11/05) 01172008 No Chg-P

Applied For 4. FEI Number 65-0258337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

PALOMADO, RAUL P. 302 WEST MAIN ST. BOWLING GREEN, FL 33834

NAME STREET ADDRESS CITY-ST-ZIP

			INSTACE
	named entity submits this statement for the purpose of changing its registers ons of registered agent.	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	PST PALOMADO, RAUL P. 1220 KNOLLWOOD CIRCLE WAUCHULA, FL	The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000831406 02/27/08-80017-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE #	្រុ		[7] 10代的學話的宣傳的學學學學

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL P. PALOMADO MO