

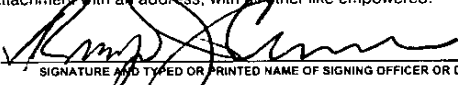


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90002 025 ***150.00

DOCUMENT # V02131 1. Entity Name RODOLFO J. CEPERO, M.D., P.A.					
Principal Place of Business 7000 SW 62ND AVE SUITE 410 MIAMI, FL 33143 US			Mailing Address 7000 SW 62ND AVE SUITE 410 MIAMI, FL 33143 US		
2. Principal Place of Business - No P.O. Box # 6201 SW 70th STREET		3. Mailing Address 6201 SW 70th STREET		 07072008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. SUITE #103		Suite, Apt. #, etc. SUITE #103			
City & State SOUTH MIAMI, FL		City & State SOUTH MIAMI, FL			
Zip 33143		Zip 33143			
Country USA		Country USA		4. FEI Number 65-0302770	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CEPERO, RODOLFO J MD 7000 SW 62ND AVE SUITE 410 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name CEPERO, RODOLFO J MD Street Address (P.O. Box Number is Not Acceptable) 6201 SW 70th STREET SUITE #103 City SOUTH MIAMI FL Zip Code 33143		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J 7000 SW 62ND AVE, SUITE 410 MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, RODOLFO J MD 6201 SW 70th STREET, SUITE #103 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  19/5/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					