
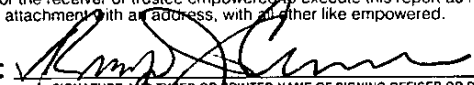


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 Suite, Apt. #, etc. SUITE #103 City & State SOUTH MIAMI, FL Zip 33143 Country USA		3. Mailing Address 6201 SW 70th STREET Suite, Apt. #, etc. SUITE #103 City & State SOUTH MIAMI, FL Zip 33143 Country USA	
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 _____			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date: 9/5/08 Daytime Phone # _____	