2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2008 08:00 A Secretary of State DOCUMENT #V19003 1. Entity Name NELSON VEGA, M.D., P.A. Principal Place of Business Mailing Address 3837 SW 99TH AVE 3837 SW 99TH AVE MIAMI, FL 33165 MIAMI, FL 33165 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0324468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEGA, NELSON DO NOT WRITE 3837 SW 87 AVE MIAMI, FL 33165 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U000000865957 : VEGA, NELSON NAME 04/08/08-80009-013 150.00 STREET ADDRESS 3837 SW 99 AVE CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 supplier ental 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 of trustee employeded by execute his 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 embowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

NATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED