## 2006 FOR PROFIT CORPORATION

## **FILED** May 01, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # 529235  1. Entity Name ARTHRITIS ASSOCIATES OF MIAMI, P.A.					·	
3661 S. MIA Suite#505	incipal Place of Business Mailing Address  661 S. MAMI AVE. 3661 S. MIAMI AVE.  UITE#505 SUITE#505  MAMI, FL 33133 MIAMI, FL 33133			I GEBURA UNIVERSUUTE SERVE MARKE HAND KERRA AND KERNA ONEM BAUM BARAN BARAN BARAN BARAN BARAN BARAN BARAN BARAN		
E	O NOT WRITE		CE	04242006 No Chg-P CRZE034 (11/05)  4. FEI Number Applied For Not Applied For S9-1727728 Not Applied For Not Applied For Required  5. Certificate of Status Desired S8.75 Additional Fee Required		
MANUEL GARCIA LINARES 3661 S. MIAMI AVE. MIAMI, FL 33133			DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algorithm required when reinstating)  Outs						
FILE NOWIH FEE IS \$150.00 9. Election Campaign fine After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution			ncing _ \$5	.00 May Be		
10.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS GITY-ST-ZIP THE HAME STREET ADDRESS GITY-ST-ZIP THE HAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE	OFFICERS AND DIF PD GARCIA-LINARES,M 3820 ANDERSON RD. CORAL GABLES, FL	RECTORS			05/16/06-80063-005 150.00  NOT WRITE THIS SPACE	

12. Thereby certify that the information supplied with this filling 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 calls; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

NAME STREET ADDRESS CITY-SI-ZIP

MANUEL GARCIA-LINARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06