

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074850

FILED
May 30, 2006
Secretary of State

Entity Name: SANTA BARBARA MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

11611 SW 216 ST
MIAMI, FL 33170

New Principal Place of Business:

4870 SW 91 AVE
MIAMI, FL 33165

Current Mailing Address:

11611 SW 216 ST
MIAMI, FL 33170

New Mailing Address:

4870 SW 91 AVE
MIAMI, FL 33165

FEI Number: 20-2895824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, LETTY
4870 SW 91 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VEGA, LETTY
Address: 4870 SW 91 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETTY VEGA

PRES

05/30/2006

Electronic Signature of Signing Officer or Director

Date