

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074850

FILED
Feb 27, 2007
Secretary of State

Entity Name: SANTA BARBARA MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4870 SW 91 AVE
MIAMI, FL 33165

New Principal Place of Business:

5376 NW 216 ST
LAWTEY, FL 32058

Current Mailing Address:

4870 SW 91 AVE
MIAMI, FL 33165

New Mailing Address:

5376 NW 216 ST
LAWTEY, FL 32058

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:

VEGA, LETTY
5376 NW 216 ST
LAWTEY, FL 32058 US

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

02/27/2007

Date

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: D (X) Change () Addition
Name: VEGA, LETTY
Address: 5376 NW 216 ST
City-St-Zip: LAWTEY, FL 32058

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

Electronic Signature of Signing Officer or Director

D

02/27/2007

Date