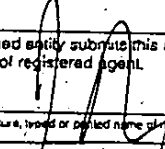
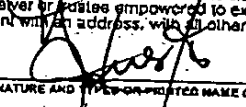


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 12 PM 1:00

DOCUMENT # P97000078792			
1. Entity Name FRAGA PEDIATRICS & ASSOCIATES, P.A.			
Principal Place of Business 2140 W 68TH ST, STE 204 MIAMI, FL 33016		Mailing Address P.O. BOX 351597 MIAMI, FL 33135 US	
2. Principal Place of Business 4131 SW 6th Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, Florida 33134		City & State	
Zip	Country	Zip	Country
B. Name and Address of Current Registered Agent FRAGA, LAZARO MD 4141 S.W. 6TH STREET MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Jorge de la Cruz-Minos, Esq. Street Address (P.O. Box Number is Not Acceptable) Dunwoody White & Landon, P.A. 550 Biltmore Way, Suite 810 City Coral Gables, FL Zip Code 33134	
B. 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  Signature, typed or printed name of registered agent and title if applicable		DATE 4/11/06 (NOTE: Registered Agent signature required when terminating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRAGA, LAZARO 4141 S.W. 6 STREET MIAMI, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Norki Huertas 9240 SW 72 Street, Suite 117 Miami, Florida 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/10/06 City Phone #	