2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 APR 12 PM 1:06

DOCUMENT # P97000078792

1. Entity Name
FRAGA PEDIATRICS & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
~~2140 W 68TH ST, STE 204~~ ~~HIALEAH, FL 33016~~	P.O. BOX 351597 MIAMI, FL 33135 US

04102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4131 SW 6th Street Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, Florida 33134	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0779316
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAGA, LAZARO MD 4141 S.W. 6TH STREET MIAMI, FL 33134	Name: ~~Jorge de la Cruz-Munoz, Esq.~~ Street Address (P.O. Box Number is Not Acceptable): Dunwody White & Landon, P.A. 550 Biltmore Way, Suite 810 City: Coral Gables, FL Zip Code: 33134

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: _____ 4/11/06
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. 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
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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: _____ 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #