

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029970

FILED
Mar 13, 2006
Secretary of State

Entity Name: SALAZAR, SANTIAGO, VILLEGAS, SABATES & CABRAL, P.A.

Current Principal Place of Business:

5000 UNIVERSITY DR
3RD FLOOR
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5000 UNIVERSITY DR
3RD FLOOR
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0824084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, JUAN
5000 UNIVERSITY DR
3RD FLOOR
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, JUAN
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: SANTIAGO, CARLOS
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: VILLEGAS, SERGIO
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: M () Delete
Name: SABATES, BRAULIO
Address: 5000 UNIVERSITY DR
City-St-Zip: MIAMI, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: M () Change (X) Addition
Name: CABRAL, AMADEO H DR
Address: 5000 UNIVERSITY DRI
City-St-Zip: CORAL GABLES, FL 33146

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: JUAN SALAZAR, M.D.

PRES

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date