
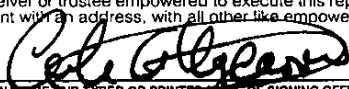


FILED
Apr 09, 2007 8:00 am
Secretary of State

| | | | |
|---|--|---|---------|
| DOCUMENT # P06000086743 | |  | |
| 1. Entity Name CARLOS A. VIZCARRA MD PA | | | |
| Principal Place of Business 13825 US HIGHWAY 1 SUITE 2B SEBASTIAN, FL 32958 US | | Mailing Address 3897 PEACOCK DRIVE MELBOURNE, FL 32904 US | |
| 2. Principal Place of Business - No P.O. Box # 13837 US Highway 1 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Sebastian FL | | City & State | |
| Zip 32958 | Country US | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| VIZCARRA, CARLOS A 3897 PEACOCK DRIVE MELBOURNE, FL 32904 | | Name | |
| | | Street Address | |
| | | | |
| | | City | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P VIZCARRA, CARLOS A 3897 PEACOCK DRIVE MELBOURNE, FL 32904 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | |
| 11. | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the rules of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., and that the information is true and accurate and that my signature shall have the same legal effect as if the information was 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 | | | |