

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 490861
 1. Entity Name
 MANUEL PEREZ-ESPINOSA, M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business Mailing Address
 5340 SW 59 AVE. 5340 SW 59 AVE.
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1645484 Not Applicable

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

6. Name and Address of Current Registered Agent
 PEREZ-ESPINOSA, MANUEL
 5340 SW 59 AVE.
 MIAMI, FL 33155

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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 _____ (NOTE Registered Agent signature required when re-registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-ESPINOSA, MANUEL 5340 SW 59 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-ESPINOSA, MANUEL 5340 SW 59 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE L. 3600 W FLAGLER ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN C. PEREZ-ESPINOSA 3600 W FLAGLER ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/18/06-80098-007 150.00

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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: Manuel Espinosa Date: 2-6-06 Daytime Phone #: 305-444-4420