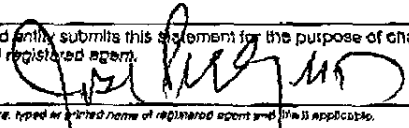


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 490862		
1. Entity Name JOSE PEREZ-ESPINOSA, M.D., PROFESSIONAL ASSOCIATION		
Principal Place of Business 7890 WEST 6TH AVE HIALEAH, FL 33014		Mailing Address 7890 WEST 6TH AVE HIALEAH, FL 33014
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PEREZ, JOSE M., 7890 W. 6TH AVENUE HIALEAH, FL 33014		DO NOT WRITE IN THIS SPACE
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:  7/7/06 (NOTE: Registered Agent signature required when withdrawing) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
		U000000488528 04/17/06-80010-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, JOSE, M.D. 7890 W. 6TH AVE. HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, JOSE, M.D. 7890 W. 6TH AVE. HIALEAH, FL	
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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 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 another like empowered.		
SIGNATURE:  7/7/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/7/06 Date 707 554 7205 Daytime Phone #