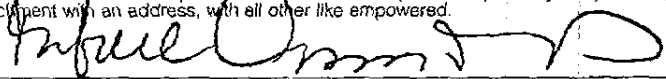


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 513303 1. Entity Name RAFAEL ASON, M.D., P.A.																													
Principal Place of Business 7100 W. 20TH AVENUE G-154 HIALEAH FL 33016-1813			Mailing Address 7100 W. 20TH AVENUE G-154 HIALEAH FL 33016-1813																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 59-1690168			Applied For ☐ Not Applicable																										
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent ASON, RAFAEL MD, PA 7100 W. 20TH AVENUE G-154 HIALEAH FL 33016-1813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PTSV ASON, RAFAEL 19431 E OAKMONT DRIVE MIAMI LAKES FL 33015 ☐ Delete </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV ASON, RAFAEL 19431 E OAKMONT DRIVE MIAMI LAKES FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> ☐ Change ☐ Add </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Add</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Add</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Add</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Add</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Add</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date: 3/9/06																										