2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 31, 2006 08:00 AN **DOCUMENT # 530925 Secretary of State** 1. Entity Name CARLOS SERRAO, M.D., P.A. Principal Place of Business Mailing Address 2140 W. 68TH STREET, STE. 309 2140 W. 68TH STREET, STE. 309 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1617019 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLOS SERRAO. M.D., P.A. Street Address (P.O. Box Number is Not Acceptable) 2140 W. 68th STREET, STE. KURZER, MARTIN J. ESQ. 2400 FIRST FEDERAL BLDG. ONE S.E. THIRD AVE. MIAMI FL 33131 Zip Code 33016 City HIALEAH 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 access the obligations of registered agent. 1, 30.06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ A-K*** NAME SERRAO, CARLOS NAME U00000409259 STREET ADDRESS 2140 W. 68TH ST. STREET ADDRESS 02/08/06-80091-025 150.00 CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP □ Au ··· TITLE ☐ Delete TITLE ☐ Change MARKE HAME STREET ADDRESS STREET ADDRESS CHY-ST-719 CITY-ST-ZIP ☐ Delete Change ☐ Add[™] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Aide NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change □ Addi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Jijif ☐ Defete ☐ Change Art. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLOS SERRADO, MO P.A. 1.30,06

305.558.5070

FILED