


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 600117 1. Entity Name BROWN, DAVILA, KHAN, MAZA, RUIZ & WHIRLEY-DIAZ, M.D.'S, P.A.						FILED 06 SEP 12 PM 1:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146				Mailing Address 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-0968885				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BREIER, ROBERT G ESQ 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABINADER, JOSEPH Z 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD German E. Arbelaes 1500 San Remo Ave, Suite 285 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD DAVILA, JOSE J 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Juan C. Cucalon 1500 San Remo Ave, Suite 285 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GEORGE E 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400079879994 09/15/06--01045--010 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, JORGE R 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* Please note that there are no deletions, only additions. There are 8 Officers / Directors *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAZA, JORGE L 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAZDAY, NELSON 1500 SAN REMO AVE SUITE 285 CORAL GABLES, FL 33146			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 9/17/06 Daytime Phone #: 305-448-9018			