2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# 603624

Entity Name: JAMES R. JUDE CARDIOVASCULAR PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

200 EDGEWATER DRIVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

200 EDGEWATER DRIVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-1427439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUDE, JAMES R, DR
200 EDGEWATER DR.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

JUDE, JAMES R DR
200 EDGEWATER DR.
MIAMI, FL 33133 US

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.

SIGNATURE: JAMES R. JUDE 01/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JUDE, JAMES R. DR.,
Address: 200 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete
Name: JUDE, SALLYE,
Address: 200 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete
Name: JUDE, JOHN
Address: 200 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JUDE, JAMES R DR.
Address: 200 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: D (X) Change ( ) Addition
Name: JUDE, SALLYE G
Address: 200 EDGEWATER DRIVE
City-St-Zip: CORAL GABLES, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. JUDE PD 01/11/2006
Electronic Signature of Signing Officer or Director Date