2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT (AR)** Jan 23, 2006 08:00 AM С CUMENT # 604236 Secretary of State iv Name IERT E. BOYETT M.D. PROFESSIONAL CLIATION R Pr Place of Business Mailing Address T, AOBERT E. W. 103RD ST. FL 33176 8955 SW 87TH. COURT 田のなり SUITE 214 MIAMI FL 33176 Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number 59-1454417 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYETT, ROBERT E Street Address (P.O. Box Number is Not Acceptable) W 103 STREET MIAMI FL 33176 City Zip Cade 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 acceptance 8 obligations of registered agent S Signature, typed or printed ed agent and title it applicable (NOTE Registered Agent argulative required when tensithing) TILE NOW!!! FEE IS \$150.00 \$5.00 May C (ter May 1, 2006 Fee Will Be \$550.00 8. Election Campaign Financing Trust Fund Contribution. Added to Fees į Hireck Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1 OFFICERS AND DIRECTORS 11. ☐ Change Addis. 7) Delete TITLE N BOYETT, ROBERT E MANAS STREET ADDRESS s 9600 SW 103RD STREET C MIAMI FL 33176 CITY-ST-ZIP Ŧ Delete **EJTI** Change ☐ A:"" N BOYETT, JUDY Y U00000396241 s 9600 SW 103 STREET STREET AUDRESS 01/30/06-80001-018 150.00 C MIAMI FL 33176 CITY-ST-ZIP Change ☐ A::: Ţ, T)71 F ☐ Delate N NAME S STREET ADDRESS CITY-ST-ZIP Defete ☐ Change ☐ Adam NAME S STREET ADDRESS CITY-ST-ZIP C ☐ Delete ☐ Change □ A...... 7371 F NAME STREET ADDRESS 8 ADDRESS 1-71 CITY-ST-ZIP Aut. Delete TITLE ☐ Change NAME ٤ STREET ADDRESS -- 710 CITY-ST-ZIP C negeby certify that the information subplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information included on this report or supplemental report is true and abcurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction to the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 or man attachment with an address, with all other like empowered.

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changed, or on an attachment with an

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