


'2006 FOR PROFIT CORPORATION ANNUAL REPORT

4. **FILED**
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90310 045 ***158.75

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DOCUMENT # 655360			
1. Entity Name VICENTE LAGO, M.D., P.A.			
Principal Place of Business 1100 S.W. 57TH AVENUE MIAMI, FL 33144 US 351 NW 42 Ave suite 305 MIAMI, FL 33126		Mailing Address 1100 S.W. 57TH AVENUE MIAMI, FL 33144 US 351 NW 42 Ave str. 305 MIAMI FL 33122	
2. Principal Place of Business 351 NW 42 AVE		3. Mailing Address 351 NW 42 AVE	
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. 305	
City & State MIAMI, FL		City & State MIAMI, FL	
4. FEI Number 59-1973672	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DEL VALLE, IGNACIO G. INTERNATIONAL PLACE STE 4000 100 SE 2ND ST MIAMI, FL 33831		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD LAGO, VICENTE MD PA 5440 S.W. 59TH AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 title empowered.			
SIGNATURE: <u>Vicente LAGO</u>		Date: <u>4/24/09</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

305-541 1041