

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004097

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: CARLOS R. ESTRADA M.D., INC.

## Current Principal Place of Business:

901 BRICKELL KEY BLVD.  
2406  
MIAMI, FL 33131

## New Principal Place of Business:

911 E PONCE DE LEON BLVD  
1404  
CORAL GABLES, FL 33134

## Current Mailing Address:

901 BRICKELL KEY BLVD.  
2406  
MIAMI, FL 33131

## New Mailing Address:

911 E PONCE DE LEON BLVD  
1404  
CORAL GABLES, FL 33134

FEI Number: 34-1831705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESTRADA, NIEVES A  
901 BRICKELL KEY BLVD.  
2406  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

ESTRADA, NIEVES A  
911 E PONCE DE LEON BLVD  
1404  
CORAL GABLES, FL 33134 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:

04/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTC ( ) Delete  
Name: ESTRADA, CARLOS R M.D.  
Address: 901 BRICKELL KEY BLVD. # 2406  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTC (X) Change ( ) Addition  
Name: ESTRADA, CARLOS R M.D.  
Address: 911 E PONCE DE LEON BLVD 1404  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS R. ESTRADA, MD

PRES

04/11/2008

Electronic Signature of Signing Officer or Director

Date