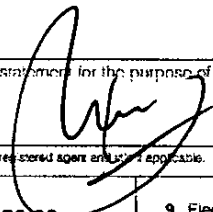
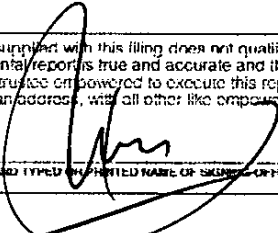


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90286 044 ***158.75

DOCUMENT # G10632 1. Entity Name RUBEN B. VALLEJO, M.D. P.A.					
Principal Place of Business 1330 SE 4TH AVE PLANTATION, FL 33316 US			Mailing Address P.O. BOX 19708 PLANTATION, FL 33318 US		
2. Principal Place of Business Subs., Apt. #, etc.		3. Mailing Address 1601 SW 75TH Ter. Plantation FLA - 33317			
City & State		City & State		4. FEI Number 59-2229958	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLEJO, DR R 1601 SE 75TH TERRACE PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name: Ruben B. VALLEJO M.D. P.A. Street Address (P.O. Box Number is Not Acceptable): 1601 S.W. 75th Terrace Plantation FL 33317	
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: April 23-05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 VALLEJO, RUBEN B MD 1601 S.W. 75TH TERR. PLANTATION, FL 33317	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 corporations.					
SIGNATURE:  R. Vallejo MD DATE: April 23-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					