

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G34443

FILED
Apr 01, 2006
Secretary of State

Entity Name: AARON TUCKLER, M.D., P.A.

Current Principal Place of Business:

7100 SW 97 AVE
STE 106
MIAMI, FL 33173

New Principal Place of Business:

9570 SW 107 AVENUE
C-204
MIAMI, FL 33176

Current Mailing Address:

1033 BAYANO AVE
MIAMI, FL 33146

New Mailing Address:

1033 BAYAMO AVNUE
CORAL GABLES, FL 33146

FEI Number: 59-2279109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKLER, AARON, M.D.
1033 BAYANO AVE
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

TUCKLER, AARON, M.D.
1033 BAYAMO AVENUE
CORAL GABLES, FL 33146 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: AARON TUCKLER

04/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: TUCKLER, AARON, M.D.,
Address: 1033 BAYANO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: TUCKLER, FLOR,
Address: 1033 BAYANO AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: TUCKLER, AARON, M.D.,
Address: 1033 BAYAMO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change () Addition
Name: TUCKLER, FLOR,
Address: 1033 BAYAMO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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: AARON TUCKLER

DR.

04/01/2006

Electronic Signature of Signing Officer or Director

Date