

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G96992 1. Entity Name CHRISTOPHER G. VENDRYES, M.D., P.A.				Jan 23, 2006 08:00 AM Secretary of State	
Principal Place of Business 14422 SW 92ND CT. MIAMI, FL 33176		Mailing Address 14422 SW 92ND CT. MIAMI, FL 33176			
DO NOT WRITE IN THIS SPACE				01192006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2416365	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENDRYES, CHRISTOPHER G M.D. 14422 SW 92ND CT. MIAMI, FL 33176				DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD VENDRYES, CHRISTOPHER G 14422 SW 92ND CT. MIAMI, FL 33176			
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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 like empowered.					
SIGNATURE: C. VENDRYES				1/18/06 (305) 694-3775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	