

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H08825

Entity Name: ARNEL MEDICAL OFFICE, INC.

FILED
Nov 02, 2005
Secretary of State

Current Principal Place of Business:

8150 SOUTHWEST 8TH STREET, SUITE 226
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8150 SOUTHWEST 8TH STREET, SUITE 226
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-2450872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLALONGA, GUILLERMO J.
8150 SOUTHWEST 8TH STREET, #226
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

MANUEL LOPEZ, ESQ.
122 MINORCA AVENUE
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: MANUEL R. LOPEZ

11/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VILLALONGA, GUILLERM, O J.
Address: 8650 SW 8 ST. #226
City-St-Zip: MIAMI, FL 33144

Title: VPSD () Delete
Name: PATTERSON, MARIA M
Address: 8150 SW 8 ST. #226
City-St-Zip: MIAMI, FL 33144

Title: TD (X) Delete
Name: PATTERSON, JUAN C
Address: 8150 SW 8 ST. #226
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FALCON, ROBERTO
Address: 8650 SW 8 ST. #226
City-St-Zip: MIAMI, FL 33144

Title: VPSD (X) Change () Addition
Name: MORALES, ANTONIO
Address: 8150 SW 8 ST. #226
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERTO FALCON

PTD

11/02/2005

Electronic Signature of Signing Officer or Director

Date