

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J78249



1. Entity Name
 JORGE A. HERRERA, PH.D., P.A.

Principal Place of Business
 1378 CORAL WAY
 SUITE 500
 MIAMI, FL 33145 US

Mailing Address
 P.O. BOX 14-2064
 CORAL GABLES, FL 33114-2064



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2843125 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fees Required

6. Name and Address of Current Registered Agent

HERRERA, JORGE A
 1378 CORAL WAY
 SUITE 500
 MIAMI, FL 33143

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERRERA, JORGE A
STREET ADDRESS	1378 CORAL WAY, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	HERRERA, NORA D
STREET ADDRESS	2801 PONCE DE LEON, SUITE 780
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	VILCHES, ADRIANA D
STREET ADDRESS	2801 PONCE DE LEON, SUITE 780
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000417462
 02/13/06-80057-011 150.00

**DO NOT WRITE
 IN THIS SPACE**

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

(305) 445-9554

Date

Daytime Phone #