2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an addre

SIGNATURE AND TYPE

ED MAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE:

Apr 18, 2005 08:00 AM DOCUMENT # K03645 Secretary of State 1. Entity Name PUENTE AMBULATORY, INC. Principal Place of Business Mailing Address 8955 SW 87 COURT 8955 SW 87 COURT STE. 112 MIAMI FL 33176 STE, 112 MIAMI FL 33176 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0003436 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUENTE, ORLANDO A MD Street Address (P.O. Box Number is Not Acceptable) 8955 SW 87 COURT #112 **MIAMI FL 33176** City 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 little if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May ₽ 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Change T Acidità TITLE ☐ Defete U00000311093 PUENTE, ORLANDO MD NAME NAME 04/18/05-80030-019 150.60 STREET ADDRESS 4870 S.W. 82ND STREET STREET ADDRESS MIAMI FL CITY - ST-ZIP CITY-ST-ZIP A.i.iiii HILE ☐ Defete TIBE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition IIILE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-7/P THLE Delete TITLE Change Addiii. NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CUY-SI-7'P 12. I hereby certify that the information supplied with this filling 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 direction of the corporation or the receiver or trustee employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

Daytma Phone #

Date