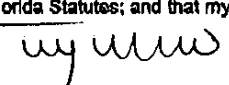


**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90083 013 \*\*\*150.00

**2006 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> K31127			
<b>1. Entity Name</b>			
RENE LOPEZ GUERRERO MD. PA.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 3445 NW 7 STREET		<b>3. Mailing Address</b> 8380 WEST FLAGLER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		206	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33125	<b>Country</b> US	<b>Zip</b> 33144	<b>Country</b> US
		<b>4. FEI Number</b> 65-0073628	<b>Applied For</b> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> RENE LOPEZ GUERRERO			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3445 NW 7 STREET			
<b>City</b> MIAMI		<b>FL</b>	<b>Zip Code</b> 33125
<b>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.</b>			
<b>SIGNATURE</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25			
Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>11.</b>		
PO LOPEZ-GUERRERO, RENE 3445 NW 7 STREET MIAMI, FL 33125			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>12. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>RENE LOPEZ-GUERRERO</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/28/06</b>	<b>(305) 6430133</b>
		Date	Daytime Phone #