

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57759

FILED
Jan 18, 2006
Secretary of State

Entity Name: CARLOS A. SELEMA, M.D., P.A.

Current Principal Place of Business:

747 PONCE DE LEON BLVD.
#305
CORAL GABLES, FL 331342073 US

New Principal Place of Business:

747 PONCE DE LEON BLVD.
508 - 510
CORAL GABLES, FL 331342073 US

Current Mailing Address:

9963 THREE LAKES CIR.
BOCA RATON, FL 334286207

New Mailing Address:

FEI Number: 65-0096829 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BANDLER, BARRY
9963 THREE LAKES CIR.
BOCA RATON, FL 334286207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDVS () Delete
Name: SELEMA, CARLOS A
Address: 1400 SW 23 ST
City-St-Zip: MIAMI, FL 33145

Title: T () Delete
Name: SELEMA, CARLOS A
Address: 1400 SW 23 ST
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: CARLOS A. SELEMA

PDVS

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date