

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K63366

FILED
May 24, 2006
Secretary of State**Entity Name:** MICHAEL C. MARGULIES, M.D., P.A.**Current Principal Place of Business:**8940 N KENDALL DR
704-E
MIAMI, FL 33176 US**New Principal Place of Business:****Current Mailing Address:**8940 N KENDALL DR
704-A
MIAMI, FL 33176 US**New Mailing Address:****FEI Number:** 65-0100027**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEMET LICKSTEIN MORGENSTERN & BERGER P.A.
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 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**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: MICHAEL C MARGULIES, MD PA
Address: 8940 N KENDALL DR #704-E
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPS (X) Change () Addition
Name: MICHAEL C MARGULIES, MD
Address: 8940 N KENDALL DR #704-E
City-St-Zip: MIAMI, FL 33176

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: DR. MICHAEL C. MARGULIES MD

DPS

05/24/2006

Electronic Signature of Signing Officer or Director_____
Date