2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K79333

1. Entity Name
LANES & MANGAS, M.D., P.A.

Principal Place of Business	Mailing Address
11760 S.W. 40TH STREET., STE 420 MIAMI, FL 33175 US	11760 S.W. 40TH STREET., STE 420 MIAMI, FL 33175 US

02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0112251
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANES, SAUL
11760 SW 40TH ST, STE 420
MIAMI, FL 33175

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	LANES, SAUL
STREET ADDRESS	11760 S.W. 40TH STREET., STE 420
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VPD
NAME	MANGAS, MARIO
STREET ADDRESS	11760 S.W. 40TH STREET., STE 420
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VOD
NAME	GARRIGO, JOSE
STREET ADDRESS	11760 S.W. 40TH STREET., STE 420
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD
NAME	CENDAN, IGNACIO
STREET ADDRESS	11760 S.W. 40TH STREET., STE 420
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD
NAME	VALOR, RAUL
STREET ADDRESS	11760 S.W. 40TH STREET., STE 420
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] 150.00

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12. 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: _____ 2/17/06 305 2270604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #