


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # K97013</b><br>1. Entity Name<br><b>ALEJANDRO F. NAVARRO MD., PA.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>9100 CORAL WAY, SUITE 1<br/>MIAMI, FL 33165</b> | Mailing Address<br><b>P.O. BOX 565670<br/>MIAMI, FL 33256</b> |
|---|---|



05122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0126872</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|----------------------------------|---|

**6. Name and Address of Current Registered Agent**

**NAVARRO, ALEJANDRO F  
9100 CORAL WAY, SUITE 1  
MIAMI, FL 33165**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | PSD                     |
| NAME           | NAVARRO, ALEJANDRO F    |
| STREET ADDRESS | 9100 CORAL WAY, SUITE 1 |
| CITY-ST-ZIP    | MIAMI, FL 33165         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

U00000565847  
05/23/06-80001-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALEJANDRO F. NAVARRO**

**4/26/06 305 223-2424**

Date

Daytime Phone #