


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L41469**  
1. Entity Name  
**HORACIO ARIAS, M.D., P.A.**



Principal Place of Business      Mailing Address  
**2150 W MARTIN LUTHER KING BLVD  
TAMPA, FL 33607**      **2150 W MARTIN LUTHER KING BLVD  
TAMPA, FL 33607**



01242006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2991212**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ARIAS, HORACIO, M.D.  
2150 W MARTIN LUTHER KING BLVD  
TAMPA, FL 33607**

**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 \_\_\_\_\_ (NOTE: registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, HORACIO 2150 W MARTIN LUTHER KIN TAMPA, FL
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02/25/06-80037-008 150.00

**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: **HORACIO ARIAS, M.D., P.A.** *H. Arias, M.D.*      2/10/06      813-872-1505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #