

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06939

FILED
Jun 28, 2005
Secretary of State

Entity Name: ARMANDO A. SANTELICES, M.D., P.A.

Current Principal Place of Business:

212 N.E. 19TH DR.
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 429
OKEECHOBEE, FL 34973 US

New Mailing Address:

P O BOX 54-6554
BAY HARBOR ISLAND, FL 33154 US

FEI Number: 59-2459075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTELICES, ARMANDO A MD
6583 SW 13 STREET
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

SANTELICES, ARMANDO A MD
10350 W BAY HARBOR DR
SUITE 6AB
BAY HARBOR ISLANDS, FL 33154 US

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:

06/28/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTELICES, ARMANDO, A.
Address: P.O. BOX 429
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: SANTELICES, LIDIA
Address: PO BOX 429
City-St-Zip: OKEECHOBEE, FL 34973

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTELICES, ARMANDO, A.
Address: P.O. BOX 54-6554
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D (X) Change () Addition
Name: SANTELICES, LIDIA
Address: PO BOX 54-6554
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARMANDO SANTELICES

DR

06/28/2005

Electronic Signature of Signing Officer or Director

Date