

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M21592

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** OSCAR R. BRAVO-CAMPA, M.D., P.A.

**Current Principal Place of Business:**

7500 SW 8 STREET #306  
SUITE 306  
MIAMI, FL 33144

**New Principal Place of Business:**

7500 SW 8 STREET PH-2  
PH-2  
MIAMI, FL 33144

**Current Mailing Address:**

7500 SW 8 STREET #306  
SUITE 306  
MIAMI, FL 33144

**New Mailing Address:**

7500 SW 8 STREET PH-2  
PH-2  
MIAMI, FL 33144

**FEI Number:** 59-2595441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAVO-CAMPA, OSCAR R.  
7500 SW 8 STREET #306  
SUITE 306  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

BRAVO-CAMPA, OSCAR R.  
7500 SW 8 STREET PH-2  
PH-2  
MIAMI, FL 33144 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/12/2006

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAVO-CAMPA, OSCAR R. .  
Address: 2711 S.W. 113TH COURT  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OSCAR R. BRAVO CAMPA MD

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date