2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000001412

CITY-ST-ZIP

SIGNATURE:



FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90066 014 ****61.25

Daytime Phone #

	ARDENS PROFESSIONAL (MINIUM ASSOCIATION, INC				0.	3-13-2000 3	70000 01-	. 01	.23
	e of Business 7TH AVE STE 230 ENS, FL 33015	Mailing Address 18590 NW 67TH AVE ST MIAM! GARDENS, FL 330		, .	Tao.	(45 5) (1			
2. Principal P	lace of Business W62 Avenue	3. Mailing Address /8300 NW	62 Ane	nue					
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City & State	eah Florida	Kialeah F	Florida		4. FEI Number 55-086571	6			plied For t Applicable
330	Country SA	33015	Country	ļ	5. Certificate of St	atus Desired		8.75 Add e Required	
	6. Name and Address of Current F	Registered Agent	, i		7. Name and Add	ress of New Re	egistered Ag	ent	
SANCHEZ	, FERNANDO J		Name						
18590 NW 67TH AVE STE 230 MIAMI GARDENS, FL 33015				Street Address (P.O. Box Number is Not Acceptable)					
			City L	i	0ml		FL	Zip.Code	3015
				ACT	cun	45 - Ct-1 1 Cl-1		ححيا	ω
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	agistered onice o	r registen	ed agent, or both, in	the State of Flo.	nua. Tamia	miliga wigh,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	ture required	\$5.00 May Be Added to Fees		DATE ake check ida Departn	-	
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CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME - SIGNING OFFICER OR DIRECTOR