
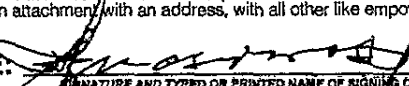


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N04000002426</b>		
1. Entity Name <b>COLEGIO MEDICO DOMINICANO FILIAL DE LA FLORIDA, INC.</b>		
Principal Place of Business <b>230 NW 87TH AVE., #1-218 MIAMI, FL 33172</b>	Mailing Address <b>230 NW 87TH AVE., #1-218 MIAMI, FL 33172</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD AGUASVIVAS, ANGEL 230 NW 87TH AVE., #1-218 MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ORTIZ, MELIDA 230 NW 87TH AVE., #1-218 MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS 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: 		Date: <b>04/24/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04202008 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>55-0859456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DATE  
**05/06/06-80044-023 61.25**

**DO NOT WRITE  
IN THIS SPACE**