

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2006
Secretary of State

DOCUMENT# N05000008325

Entity Name: MINORITY PHYSICIANS RESEARCH ALLIANCE INC.**Current Principal Place of Business:**2048 CENTRE POINTE LANE
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**9390 LEM TURNER ROAD
SUITE #1
JACKSONVILLE, FL 32208 US**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEBSTER, JOSEPH SR
2048 CENTRE POINTE LANE
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**

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

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: CAIN, ROGERS
Address: 9390 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208 USTitle: P () Delete
Name: WEBSTER, JOSEPH SR
Address: 2048 CENTRE POINTE LANE
City-St-Zip: TALLAHASSEE, FL 32308Title: SEC (X) Delete
Name: REMELDA, SAUNDERSJONES
Address: 2048 CENTRE POINTE LANE
City-St-Zip: TALLAHASSEE, FL 32308 USTitle: EXD (X) Delete
Name: HARRY, NYANTEH
Address: 9390 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip: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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGERS CAIN

P

09/19/2006

Electronic Signature of Signing Officer or Director

Date