

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003671

FILED
Jan 03, 2006
Secretary of State

Entity Name: RIGOBERTO M. NUNEZ, M.D., P.A.

Current Principal Place of Business:

RIGOBERTO NUNEZ MD
8900 SW 117TH AVENUE SUITE 101-103 B
MIAMI, FL 33186 US

New Principal Place of Business:

New Mailing Address:

RIGOBERTO NUNEZ MD
8900 SW 117TH AVENUE SUITE 101-103 B
MIAMI, FL 33186 US

Current Mailing Address:

?RIGOBERTO NUNEZ MD
8900 SW 117TH AVENUE SUITE 101-103 B
MIAMI, FL 33186 US

FEI Number: 65-0972428 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NUNEZ, RIGOBERTO MD
8900 SW 117TH AVENUE
SUITE 101-103 B
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NUNEZ, RIGOBERTO M MD
Address: 8900 SW 117TH AVE SUITE 101-103 B
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NUNEZ, RIGOBERTO M MD
Address: 8900 SW 117TH AVE SUITE 101-103 B
City-St-Zip: MIAMI, FL 33186

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: RIGOBERTO NUNEZ

PRES

01/03/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date