

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022613

**FILED
Jul 25, 2006
Secretary of State**

Entity Name: GILBERTO SECO, M.D. AND ASSOCIATES, INC.

Current Principal Place of Business:

13643 SW 26 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13643 SW 26 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0988853 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SECO, GILBERTO MD
13643 SW 26 STREET
MIAMI, FL 33175 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SECO, GILBERTO
Address: 13643 SW 26 STREET
City-St-Zip: MIAMI, FL 33175 US

Title: VP () Delete
Name: SECO, YVONNE
Address: 13643 SW 26 STREET
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERTO SECO MD

PD

07/25/2006

Electronic Signature of Signing Officer or Director

_____ Date