
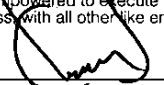


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90117 015 ***150.00

DOCUMENT # P00000025236			
1. Entity Name CORTES FAMILY PHYSICIANS, P.A.			
Principal Place of Business 3924 9TH AVENUE WEST BRADENTON, FL 34205		Mailing Address 3924 9TH AVENUE WEST BRADENTON, FL 34205	
2. Principal Place of Business 5712 21 st Ave W Suite, Apt. #, etc.		3. Mailing Address 5712 21 st Ave W Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34209		Zip 34209	
Country		Country	
6. Name and Address of Current Registered Agent CORTES, C. EDUARDO 3924 9TH AVE W BRADENTON, FL 34205		4. FEI Number 65-0993045	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Chg-P CR2E034 (11/05)	
Name C. Eduardo Cortes			
Street Address (P.O. Box Number is Not Acceptable) 5712 21 st Ave W			
City Bradenton		FL	
		Zip Code 34209	
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 reinstalling) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CORTES, EDUARDO		NAME 5712 21 st Ave W	
STREET ADDRESS 3924 9TH AVENUE WEST		STREET ADDRESS Bradenton FL 34209	
CITY-ST-ZIP BRADENTON, FL 34205		CITY-ST-ZIP Bradenton FL 34209	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: 3/29/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	