

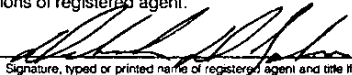
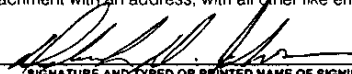


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90024 020 \*\*\*150.00

<b>DOCUMENT # P00000042645</b>					
<b>1. Entity Name</b> <b>BISCAYNE PROFESSIONAL ASSOCIATES, INC.</b>					
<b>Principal Place of Business</b> <b>444 BRICKELL AVENUE</b> <b>SUITE 51-318</b> <b>MIAMI, FL 33131</b>			<b>Mailing Address</b> <b>444 BRICKELL AVENUE</b> <b>SUITE 51-318</b> <b>MIAMI, FL 33131</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>1440 CORAL RIDGE DR.</b>		<b>3. Mailing Address</b> <b>1440 CORAL RIDGE DR.</b>			
<b>Suite, Apt. #, etc.</b> <b>SUITE 390</b>		<b>Suite, Apt. #, etc.</b> <b>SUITE 390</b>		<b>05062008 Chg-P CR2E034 (12/06)</b>	
<b>City &amp; State</b> <b>CORAL SPRINGS, FL</b>		<b>City &amp; State</b> <b>CORAL SPRINGS, FL</b>		<b>4. FEI Number</b> <b>65-1004569</b>	
<b>Zip</b> <b>33071</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>JOHNSON, DEBORAH</b> <b>10958 NW FIRST MANOR</b> <b>CORAL SPRINGS, FL 33071</b>			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>		
<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.</b>					
<b>SIGNATURE</b>  <b>DEBORAH D. JOHNSON</b> <b>May 6, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>JOHNSON, DEBORAH</b> <b>444 BRICKELL AVENUE, SUITE 51-318</b> <b>MIAMI, FL 33131</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1440 CORAL RIDGE DR., SUITE 390</b> <b>CORAL SPRINGS, FL 33071</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>DEBORAH D. JOHNSON</b> <b>May 6, 2008</b> <b>954-856-1245</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					