2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-01-2006 90034 016 ***150.00

DOCUMENT # P00000100320

1. Entity Name
DENIS R. WEINBERG, M.D. AND ASSOCIATES CORP.

66006463

Principal Place of Business	Mailing Address
4300 ALTON RD, SUITE 207 MIAMI BEACH, FL 33140	4300 ALTON RD, SUITE 207 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1050265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, DENIS R
5728 PINE TREE DR
MIAMI BEACH, FL 33140

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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: Manager Member DATE 2/20/06
(Signature, typed or printed name of registered agent and, if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEINBERG, DENIS R
STREET ADDRESS	5728 PINE TREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GARCIA, MIGUEL
STREET ADDRESS	10521 MAHOGANY CIRCLE
CITY-ST-ZIP	MIAMI BEACH, FL 33184
TITLE	D
NAME	LAMAS, GERVASIO A
STREET ADDRESS	141 CRANDON BLVD. # 333
CITY-ST-ZIP	KEY BISCAYNE, FL 33146
TITLE	D
NAME	TOLENTINO, ALFONSO O
STREET ADDRESS	9401 SW 70TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	CICCIA-MACLEAN, ROBERT
STREET ADDRESS	441 WEST 62ND STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 3/16/06 (305) 695-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
(600064463

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

DENIS R. WEINBERG, M.D. AND ASSOCIATES CORP.
4300 ALTON RD, SUITE 207
MIAMI BEACH, FL 33140

Subject: **DENIS R. WEINBERG, M.D. AND ASSOCIATES CORP.**

Reference Number: **P00000100320**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION