7

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 24, 2006 8:00 am Secretary of State

DOCUMENT # P00000102279 1. Entity Name J. MELLER, M.D., P.A.						07-24-2006 9	0005 039 ***15	0.00
Principal Place of Business Mailing Address 1110 BRICKELL AVE, #802 MIAMI, FL 33131 MIAMI, FL 33131 MIAMI, FL 33131			802	_				
1110	face of Business Brickeil Ave	3. Mailing Address 1110 Brickell Ave Suite Apt. #, etc.						
Suite, Apt. #, etc. # 405		# 405		07182006	Chg-P	CR2E034 (11/05		
City & State		City & State Miami, F	-		4. FEI Numbe 65-105			Applied For Not Applicable
33/3	Country	^{Zip} 33/3/	Country		5. Certificate	of Status Desired	See Requir	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
SLAVIN, MARK B ESQ				Street Address (P.O. Box Number is Not Acceptable)				
1031 N MIAMI BEACH BLVD N MIAMI BEACH, FL 33162				Sired, Audiess (1.0. Box Nulliber is Not Acceptable)				
				City Zip Code				
2.77	and add to be the state of the	the success of shapping its	City	o- rogisto	rad agant or hal	h is the State of Fla	<u> FL</u>	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egisiered Onice	orregiste	v agent, or bot	n, in the state of Fig	inga, Tam taminai wii	n, and accept
SIGNATURE								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Trust Fund Contribution.					.00 May Be led to Fees	In accordance v corporation did	vith s. 607.193(2)(b not receive the prio), F.S., the r notice.
10.	OFFICERS AND		11,	<u></u>	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	
NAME	MELLER, JULIUS	Defete	NAME	1	. 1			. Li Audilion
STREET ADORESS CITY-ST-ZIP				est ADDRESS /// Brickell Ave #405 -ST-ZIP MIANI, FL 33/3/				
TITLE	Wil/ Wil, 1 E 00 10 1	☐ Delete	TITLE	100	AKI., F	-c 33/1/	☐ Change	Addition
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TILE		Defete	TITLE				Change	e
NAME	1		NAME STREET ADDRES					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1				
12. I hereby indicated	certify that the information supplied with	n this filing does not qualify fo s true and accurate and that n	r the exemption	containe	d in Chapter 11: same legal effe	9, Florida Statutes. ct as if made under	further certify that the oath; that I am an office	e information er or director

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 reserver 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!

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/86 786-425-267-