

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90223 042 ***150.00

DOCUMENT # P01000017861	
1. Entity Name C.E. WOODHOUSE, M.D. & ASSOCIATES, P.A.	



Principal Place of Business 746 WEST 49TH STREET MIAMI BEACH, FL 33140	Mailing Address 746 WEST 49TH STREET MIAMI BEACH, FL 33140
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50016433

DO NOT WRITE IN THIS SPACE		
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04212006 No Chg-P CR2E034 (11/05)		
4. FEI Number 22-3782962 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOODHOUSE, CHRISTOPHER E MD 746 WEST 49TH STREET MIAMI BEACH, FL 33140		

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 _____	
Signature, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODHOUSE, CHRISTOPHER E MD 746 WEST 49TH STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

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: *C.E. Woodhouse, M.D.*, director **4/22/06** **305-984-4025**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #