

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040388

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: AMARILIS Y. VAZQUEZ, M.D., P.A.

## Current Principal Place of Business:

16215 SW 139TH CT.  
MIAMI, FL 33177

## New Principal Place of Business:

15480SW 26 TERRACE  
MIAMI, FL 33185

## Current Mailing Address:

16215 SW 139TH CT.  
MIAMI, FL 33177

## New Mailing Address:

15480SW 26 TERRACE  
MIAMI, FL 33185

FEI Number: 65-1115900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VAZQUEZ, AMARILIS Y M.D.  
16215 SW 139TH CT.  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

VAZQUEZ, AMARILIS Y M.D.  
15480SW 26 TERRACE  
MIAMI, FL 33185 US

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.

SIGNATURE: AMARILIS VAZQUEZ MD

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: VAZQUEZ, AMARILIS Y  
Address: 16215 SW 139TH CT.  
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete  
Name: VAZQUEZ, ANDRES  
Address: 16215 SW 139 CT  
City-St-Zip: MIAMI, FL 33177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: VAZQUEZ, AMARILIS Y  
Address: 15480SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: VP (X) Change ( ) Addition  
Name: VAZQUEZ, ANDRES  
Address: 15480SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMARILIS VAZQUEZ MD

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date