
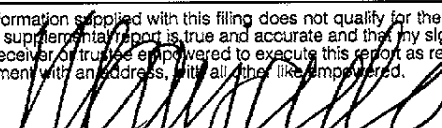


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000084940 1. Entity Name M. SALGADO MD, P.A.		
Principal Place of Business 5200 SW 8TH STREET SUITE 207B CORAL GABLES, FL 33134		Mailing Address 5200 SW 8TH STREET SUITE 207B CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SALGADO, MARIO MD 5200 SW 8 STREET SUITE 207-B CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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 SALGADO, MARIO MD 5200 SE 8 STREET STE 207-B CORAL GABLES, FL 33134	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/20/06</u> Daytime Phone # _____



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1133395 Applied For Not Applicable

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

U00000528596
05/05/06-80045-003 150.00

**DO NOT WRITE
IN THIS SPACE**