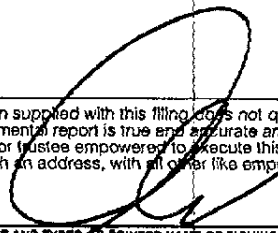


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000090459		
1. Entity Name NEW MED MD, P.A.		
Principal Place of Business 1325 SO. CONGRESS AVENUE SUITE 101 BOYNTON BEACH, FL 33426	Mailing Address 1325 SO. CONGRESS AVENUE SUITE 101 BOYNTON BEACH, FL 33426	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MATHEWS, GEORGE W III ESQ 1325 SO. CONGRESS AVENUE SUITE 104 BOYNTON BEACH, FL 33426		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE _____
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
		000000429775 02/22/06-80021-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARTHA M 4442 PINETREE DRIVE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  Martha Rodriguez		2/10/06 Date _____ Daytime Phone # _____