

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093961

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: I & B MEDICAL ASSOCIATES, INC.

## Current Principal Place of Business:

1190 N.W. 95 STREET  
SUITE #405  
MIAMI, FL 33150

## New Principal Place of Business:

## Current Mailing Address:

1190 N.W. 95 STREET  
SUITE #405  
MIAMI, FL 33150

## New Mailing Address:

FEI Number: 22-3830967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIEBMAN, MARK  
16211 NE 19 AVE  
NORTH MIAMI BEACH, FL 33162      US

## Name and Address of New Registered Agent:

LIEBMAN, MARK  
18205 BISCAYNE BLVD SUITE 2213  
AVENTURA, FL 33160      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: MARK LIEBMAN

01/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: INNOCENT, CLAUDE A  
Address: 1190 NW 95 ST SUITE 405  
City-St-Zip: MIAMI, FL 33150

Title: SVD ( ) Delete  
Name: BREZAULT, ALANDE  
Address: 1190 NW 95 ST SUITE 405  
City-St-Zip: MIAMI, FL 33150

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDE ALAIN INNOCENT

PTD

01/17/2007

Electronic Signature of Signing Officer or Director

Date