


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000113957 1. Entity Name SOUTH DADE MEDICAL ASSOCIATES, INC.	
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Principal Place of Business 3191 CORAL WAY, STE. 303 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY, STE. 303 MIAMI, FL 33145
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent KLEIN, BRENT D 801 BRICKELL AVE., STE. 1901 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

9. 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 true 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	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAS, JOSE 3191 CORAL WAY, STE. 303 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, EDUARDO 3191 CORAL WAY, STE. 303 MIAMI, FL 33145
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<p>000000443866 03/09/06-80071-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 _____ Daytime Phone # _____