

2006 FOR PROFIT CORPORATION ANNUAL REPORT


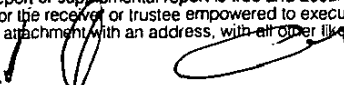
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Jan 26, 2006 8:00 am
Secretary of State

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|--|---|--|--|
| DOCUMENT # P01000119745 | |  | |
| 1. Entity Name CARLOS G. SANCHEZ, M.D., P.A. | | | |
| Principal Place of Business 651 EAST 25TH STREET HIALEAH, FL 33013 | | Mailing Address 651 EAST 25TH STREET HIALEAH, FL 33013 | |
| 2. Principal Place of Business | | 3. Mailing Address 9005 S.W. 68th Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Pinecrest, FL | |
| Zip | Country | Zip | Country |
| | | 33156 | USA |
| 4. FEI Number 22-3851017 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SANCHEZ, CARLOS G MD 651 EAST 25TH STREET HIALEAH, FL 33013 | | Name Carlos G. Sanchez, M.D. Street Address (P.O. Box Number is Not Acceptable) 9005 S.W. 68th Avenue City Pinecrest FL Zip Code 33156 | |
| 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) DATE</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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST SANCHEZ, CARLOS G MD 651 EAST 25TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/V/D/S/T/C/M CARLOS G. SANCHEZ, M.D. 9005 S.W. 68th Avenue Pinecrest, Florida 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANCHEZ, CARLOS G MD 651 EAST 25TH STREET HIALEAH, FL 33013 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | | Date: 1/20/06 Daytime Phone #: 786-299-1102 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |