

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005526

FILED
Apr 28, 2006
Secretary of State

Entity Name: LAMONOSA MANAGEMENT, INC.

Current Principal Place of Business:

C/O RADIOLOGY DEPARTMENT MIAMI CHILDRENS
HOSPITAL 3100 S.W. 62ND AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

100 W. SAN MARINO DR
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 03-0380890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, LINDA D
100 W. SAN MARINO DR
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALTMAN, DONALD
Address: 3100 S.W. 62ND AVENUE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: ALTMAN, SANFORD
Address: 2555 BAY DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ALTMAN, SANFORD
Address: 1740 W 25TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

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: DONALD ALTMAN

DIRE

04/28/2006

Electronic Signature of Signing Officer or Director

Date