2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027041

Entity Name: ARMANDO PINEDA-VELEZ, M.D., P.A.

FILED Apr 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9235 NW 1ST, ST. 9235 NW 1ST, ST.

POMPANO BEACH, FL 330717542 CORAL SPRINGS, FL 330717542

Current Mailing Address: New Mailing Address:

9235 NW 1ST. ST. 9235 NW 1ST. ST.

POMPANO BEACH, FL 330717542 CORAL SPRINGS, FL 330717542

FEI Number: 04-3620335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PINEDA-VELEZ, ARMANDO M.D.

9235 NW 1 ST.

9235 NW 2 PEACLE II 200747540 HO

POMPANO BEACH, FL 330717542 US CORAL SPRINGS, FL 330717542 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: ARMANDO PINEDA-VELEZ 04/08/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name: PINEDA-VELEZ, ARMANDO M.D. Name:
Address: 3399 NORTHWEST 14TH AVENUE Address:
City-St-Zip: MIAMI, FL 33142 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARMANDO PINEDA-VELEZ P 04/08/2005