

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000065056

1. Entity Name
 MANUEL A. OJEDA, MD, P.A.



Principal Place of Business
 6039 COLLINS AVE., #311
 MIAMI BEACH, FL 33140

Mailing Address
 6039 COLLINS AVE. #311
 MIAMI BEACH, FL 33140



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0720868 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEREDIA, JORGE D CPA
 1428 SW 124 PL
 MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when consenting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000501793
 04/25/06-80079-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME OJEDA, MANUEL A MD
 STREET ADDRESS 6039 COLLINS AVE. #311
 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE SD
 NAME JIMENEZ, ALEXANDRA
 STREET ADDRESS 6039 COLLINS AVE. #311
 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: _____

Alexandra Jimenez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ALEXANDRA JIMENEZ

- SEC

4/6/06

Date Daytime Phone #