

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133464

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: NORBERTO VAZQUEZ, M.D., P.A.

## Current Principal Place of Business:

1411 N. FLAGLER DR., STE. 6800  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

1411 N. FLAGLER DR., STE. 4600  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

1411 N. FLAGLER DR., STE. 6800  
WEST PALM BEACH, FL 33401

## New Mailing Address:

1411 N. FLAGLER DR., STE. 4600  
WEST PALM BEACH, FL 33401

FEI Number: 43-1983620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAZQUEZ, NORBERTO M.D.  
1411 N. FLAGLER DR., STE. 6800  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

VAZQUEZ, NORBERTO M.D.  
1411 N. FLAGLER DR., STE. 4600  
WEST PALM BEACH, FL 33401 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:

01/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: VAZQUEZ, NORBERTO M.D.  
Address: 1411 N. FLAGLER DR., STE. 6800  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: VAZQUEZ, NORBERTO M.D.  
Address: 1411 N. FLAGLER DR., STE. 6800  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: VAZQUEZ, NORBERTO M.D.  
Address: 1411 N. FLAGLER DR., STE. 4600  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition  
Name: VAZQUEZ, NORBERTO M.D.  
Address: 1411 N. FLAGLER DR., STE. 4600  
City-St-Zip: WEST PALM BEACH, FL 33401

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: NORBERTO VAZQUEZ, M.D.

PVST

01/18/2006

Electronic Signature of Signing Officer or Director

Date