2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010374

Entity Name: GABRIELA CORA-LOCATELLI, M.D., P.A.

MIAMI SHORES, FL 33138

City-St-Zip:

FILED Jan 15, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
9999 N.E.	2ND AVENUE				
SUITE 213	3				
MIAMI SH	ORES, FL 331	38			
Current Mailing Address:			New Mailing Address:		
	ID CONCOUR ORES, FL 331				
FEI Number	: 14-1869814	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
6901 S.W.	, DOUGLAS 6TH STREET KE PINES, FL				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	DR () Delete	Title:	() Change () Addition	
Name:		ELLI, GABRIELA	Name:		
Address: 680 GRAND CONCOURSE		Address:			
City-St-Zip:	MIAMI SHORE	S, FL 33138	City-St-Zip:		
Title:	DR (X) Delete	Title:	() Change () Addition	
Name:	LOCATELLI, E	DUARDO	Name:		
Address:	680 GRAND CO	ONCOURSE	Address:		

City-St-Zip:

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: GCORAL PRES 01/15/2006