2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025540

Entity Name: T & E MEDICAL GROUP, P.A.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2645 SW 37 AV. 503 MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

2645 SW 37 AV. P. O. BOX 441648 503 MIAMI, FL 33144 MIAMI, FL 33133

FEI Number: 11-3680871 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:

MIRABAL, FRANKLIN
2645 SW 37 AV.
2645 SW 37 AV.
503
MIAMUEL 23123 LIS
MIAMUEL 23123 LIS

MIAMI, FL 33133 US MIAMI, FL 33133 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: EDDIE ARMAS 01/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD () Delete Title: MD (X) Change () Addition Name: ALFONSO, TERESA B Name: ARMAS, EDDIE

 Name:
 ALFONSO, TERESA B
 Name:
 ARMAS, EDDIE

 Address:
 2645 SW 37 AV. SUITE 503
 Address:
 P.O. BOX 441648

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33144

Title: () Delete Title: MD () Change (X) Addition

 Name:
 Name:
 ALFONSO, TERESA B

 Address:
 Address:
 P.O. BOX 441648

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33144

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: EDDIE ARMAS MD 01/12/2007