

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000025540

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

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

2645 SW 37 AV.
503
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 441648
MIAMI, FL 33144

New Mailing Address:

FEI Number: 11-3680871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMAS, EDDIE
2645 SW 37 AV.
503
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

ARMAS, EDDIE
7000 SW 62 AVE
405
MIAMI, FL 33143 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

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ARMAS, EDDIE
Address: P.O. BOX 441648
City-St-Zip: MIAMI, FL 33144

Title: MD () Delete
Name: ALFONSO, TERESA B
Address: P.O. BOX 441648
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ARMAS, EDDIE
Address: 7000 SW 62 AVE #405
City-St-Zip: MIAMI, FL 33143

Title: S/D (X) Change () Addition
Name: ALFONSO, TERESA B
Address: PO BOX 441648
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

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date