

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066483

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: MEDICAL JOINT VENTURES INC.

## Current Principal Place of Business:

8001 WEST 26TH AVENUE SUITE 9  
HIALEAH, FL 33016

## New Principal Place of Business:

15025 NW 77 AVENUE  
SUITE 135  
HIALEAH, FL 33014

## Current Mailing Address:

8001 WEST 26TH AVENUE SUITE 9  
HIALEAH, FL 33016

## New Mailing Address:

15025 NW 77 AVENUE  
SUITE 135  
HIALEAH, FL 33014

FEI Number: 20-0253653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: VALLE, MANUEL J JR  
Address: 8001 WEST 26TH AVENUE SUITE 9  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: VALLE, MANUEL J JR  
Address: 15025 NW 77 AVENUE SUITE 135  
City-St-Zip: HIALEAH, FL 33014

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: MANUEL J. VALLE, JR.

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date