FILED Mar 14, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT	١
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DOCUMENT "DOCCOOREGO	

DOCUMENT # P03000095509 1. Entity Name LALINE L. RIVERO, M.D., P.A.						03-14-2006	5 90037 032	***15	50.00
Principal Plac	e of Business	Mailing Address			i .	400313	19		
2423 FRYER POINT FT LAUDERDALE, FL 33305		2423 FRYER POINT FT LAUDERDALE, FL 33305		1 # # \$ (1 1 1 1 1 1 1 1 1	Profession (S. 1997) Against Green		: ES(18 18)		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006	Chg-P	CR2E034 (1	1/05)		
City & State		City & State		4. FEI Number NOT APF	LICABLE			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of		□ Fee F	75 Add Required	
<u>. </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	legistered Agent	:	
MCWILLIA	AMS, MARTK D ESQ			ranc					
4600 N OCEAN BLVD STE 206 BOYNTON BEACH, FL 33435				Street Address (P O. Box Number	is Not Acceptable			
				City	FL Zip Code				
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its	s registered	office or register	red agent, or both,	in the State of Flo	orida. I am familia	ar with,	and accept
SIGNATURE	Signature, typied or printed name of registered agein	fund title if acceptable (NO)	IE Registered A	gent argnature roducco	i wher reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa			.00 May Be				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE	D	☐ Delete	TITLE					hange	Addition
NAME	RIVERO, LALINE L		MAME						:
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TITLE RAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS			STREET / CHY-ST TITLE NAME STREET / CHY-SI TITLE NAME STREET /	ADDRESS: - ZIP ADDRESS					
TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied will	Delete	STREET / CHY-SI THEF NAME STREET / CHY-SI THEF NAME STREET / CHY-SI	ADDRESS - ZIP ADDRESS - ZIP				hange	☐ Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.