

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096341

FILED
Jul 05, 2005
Secretary of State

Entity Name: ISRAEL GALTES, M.D. P.A.

Current Principal Place of Business:

5512 NW 114TH AVE., SUITE 101
MIAMI, FL 33178

New Principal Place of Business:

11070 NW 47 TH LN
DORAL, FL 33178

Current Mailing Address:

P.O. BOX 667592
MIAMI, FL 33166

New Mailing Address:

FEI Number: 54-2127846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALTES, ISRAEL MD
5512 NW 114 AVE #101
DORAL, FL 33178 US

Name and Address of New Registered Agent:

GALTES, ISRAEL MD
11070 NW 47TH LN
DORAL, FL 33178 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: ISRAEL GALTES, MD

07/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALTES, ISRAEL MD
Address: 10750 NW 66 ST SUITE 305
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GALTES, ISRAEL MD
Address: 11070 NW 47TH LN
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ISRAEL GALTES, MD

DR

07/05/2005

Electronic Signature of Signing Officer or Director

Date