2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# P03000104526

Entity Name: ASTRID A. FEBRE M.D. P.A.

Current Principal Place of Business:

10041 SW 40TH ST
MIAMI, FL 33165

New Principal Place of Business:

375 EAST 49 ST
SUITE # 2
HIALEAH, FL 33013

Current Mailing Address:

10041 SW 40TH ST
MIAMI, FL 33165

New Mailing Address:

375 EAST 49 ST
SUITE # 2
HIALEAH, FL 33013

FEI Number: 55-0846845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEBRE, ASTRID A
10041 SW 40TH ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

FEBRE, ASTRID A
375 EAST 49 ST
SUITE # 2
HIALEAH, FL 33013 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: ASTRID A FEBRE, MD 03/16/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FEBRE, ASTRID A
Address: 10041 SW 40TH ST
City-St-Zip: MIAMI, FL 33165

Title: V ( ) Delete
Name: CAPILLA, TERESITA
Address: 10041 SW 40TH ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FEBRE, ASTRID A
Address: 375 EAST 49 ST SUITE #2
City-St-Zip: HIALEAH, FL 33013

Title: V (X) Change ( ) Addition
Name: CAPILLA, TERESITA
Address: 375 EAST 49 ST SUITE #2
City-St-Zip: HIALEAH, FL 33013

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: ASTRID A FEBRE, MD P 03/16/2005
Electronic Signature of Signing Officer or Director Date