

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**


66406001



DOCUMENT # P03000104596

1. Entity Name

AIRAMA M. PADRON, M.D., INC.



Principal Place of Business

Mailing Address

13105 S.W. 31ST STREET  
MIRAMAR FL 33027

13105 S.W. 31ST STREET  
MIRAMAR FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0493448

Applied For

Not Applicable

5. Certificate of Status Desired

MOORE

CR2E034 (11/03)

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, AIRAMA M  
13105 S.W. 31ST STREET  
MIRAMAR FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

May Be Added to Fees

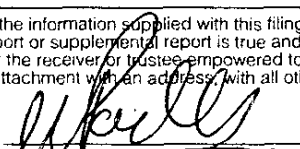
\$5.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	PADRON, AIRAMA M	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	13105 S.W. 31ST STREET	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  AIRAMA M. PADRON 2/18/04 (786)202-1508

DATE

DAYTIME PHONE #