

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000137793 <small>1. Entity Name</small> GALAFRE MEDICAL GROUP, CO																													
<small>Principal Place of Business</small> 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144			<small>Mailing Address</small> 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144																										
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.																										
<small>City & State</small>			<small>City & State</small>																										
<small>Zip</small>		<small>Country</small>		<small>Zip</small>																									
<small>Country</small>		<small>Country</small>		<small>4. FEI Number</small> 20-0417996																									
<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/>				<small>Applied For</small> <small>Not Applied</small>																									
<small>6. Name and Address of Current Registered Agent</small> FLORES, JUAN M MD 8100 WEST FLAGLER STREET SUITE 101 MIAMI FL 33144				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
<small>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.</small>																													
<small>SIGNATURE</small> _____ <small>(Signature typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <small>10. OFFICERS AND DIRECTORS</small> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><small>TITLE</small></td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td><small>NAME</small></td> <td>FLORES, JUAN M MD</td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td>8100 WEST FLAGLER STREET SUITE 101</td> <td></td> </tr> <tr> <td><small>CITY- ST- ZIP</small></td> <td>MIAMI FL 33144</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><small>TITLE</small></td> <td style="width: 70%;">U0000044804</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><small>NAME</small></td> <td>03/08/06-80080-019 158.75</td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td></td> <td></td> </tr> <tr> <td><small>CITY- ST- ZIP</small></td> <td></td> <td></td> </tr> </table> </div> </div>						<small>TITLE</small>	PSTD	<input type="checkbox"/> Delete	<small>NAME</small>	FLORES, JUAN M MD		<small>STREET ADDRESS</small>	8100 WEST FLAGLER STREET SUITE 101		<small>CITY- ST- ZIP</small>	MIAMI FL 33144		<small>TITLE</small>	U0000044804	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>NAME</small>	03/08/06-80080-019 158.75		<small>STREET ADDRESS</small>			<small>CITY- ST- ZIP</small>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

02/16/06 (305) 553-8811