

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000000733

FILED
Jun 19, 2006
Secretary of State**Entity Name:** GUSTAVO F. ROS, M.D., P.A.**Current Principal Place of Business:**4407 SONOMA CIRCLE
NICEVILLE, FL 32578**New Principal Place of Business:****Current Mailing Address:**4407 SONOMA CIR
NICEVILLE, FL 32578**New Mailing Address:****FEI Number:** 20-0514833**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HELMICH, KEVIN M P.A.
4481 LEGENDARY DR STE 200
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH

06/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ROS, GUSTAVO F M.D. PA
Address: 4407 SONOMA CIR
City-St-Zip: NICEVILLE, FL 32578**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: ROS, GUSTAVO F M.D. PA
Address: 4407 SONOMA CIR
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GUSTAVO F. ROS

PSTD

06/19/2006

Electronic Signature of Signing Officer or Director

Date