


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000024123
1. Entity Name
HUMBERTO C. MACHADO, JR. M.D.P.A.



Principal Place of Business Mailing Address
173 SOUTH SHORE DRIVE 173 SOUTH SHORE DRIVE
COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0665740 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUERST, MITCHELL S ESQ.
RODRIGUEZ O'DONNELL ROSS FUERST, P.C.
1001 BRICKELL BAY DRIVE, SUITE 1804
MIAMI, FL 33131

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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 registrant agent and filer (if applicable) (NOTE: To register a foreign corporation required above registration) POST

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

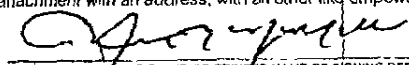
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02/16/06-80050-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MACHADO, HUMBERTO C JR MD 173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1-31-06
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #