


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90078 003 ***158.75

DOCUMENT # P04000073369		
1. Entity Name MARCELO J. BARRIONUEVO, M.D., P.A.		

Principal Place of Business 2960 N. STATE ROAD 7 SUITE 300 MARGATE, FL 33063 US	Mailing Address 2960 N. STATE ROAD 7 SUITE 300 MARGATE, FL 33063 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1646 ISLAND WAY Suite, Apt. #, etc.
City & State	City & State WESTON FL
Zip 33326	Country USA

40052714



03312006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1225763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BREIT, RICHARD H 150 NORTH UNIVERSITY DRIVE SUITE 200 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name JOHN A. KASBAR & CO. INC Street Address (P.O. Box Number is Not Acceptable) 3880 SHERIDAN STREET City HOOLLYWOOD FL Zip Code 33021
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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 *John A. Kasbar* DATE 4-12-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BARRIONUEVO, MARCELO J 2960 N. STATE ROAD 7 SUITE 300 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marcelo J. Barrionuevo* **MARCELO J. BARRIONUEVO** 4-11-06 954-325-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #