

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90028 025 ***150.00

DOCUMENT # P04000077221

1. Entity Name
CARLOS R SANTOS MD PA



Principal Place of Business
**16855 NE 2ND AVENUE
SUITE 302
NORTH MIAMI BEACH, FL 33162 US**

Mailing Address
**16855 NE 2ND AVENUE
SUITE 302
NORTH MIAMI BEACH, FL 33162 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

07172006 Chg-P CR2E034 (11/05)



4. FEI Number
84-1647878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name
CARLOS R SANTOS

Street Address (P.O. Box Number is Not Acceptable)
16855 NE 2ND AVE # 302 A

City
North miami beach FL Zip Code
33162

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]*
Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when recertifying)

DATE

[Signature] **7/17/06**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PRES
SANTOS, CARLOS R
16855 NE 2ND AVENUE, SUITE 302
NORTH MIAMI BEACH, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SECR
GARCIA, IRIS
16855 NE 2ND AVENUE, SUITE 302
NORTH MIAMI BEACH, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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 officers empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **7/17/06** **605653-0925**
Date Day, time, month, year