

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000083336

FILED
May 09, 2006
Secretary of State**Entity Name:** GLENN J. BARQUET MD, P.A.**Current Principal Place of Business:**3661 SOUTH MIAMI AVENUE
SUITE 910
MIAMI, FL 33133**New Principal Place of Business:**3661 SOUTH MIAMI AVENUE
SUITE 603
MIAMI, FL 33133**Current Mailing Address:**3661 SOUTH MIAMI AVENUE
SUITE 910
MIAMI, FL 33133**New Mailing Address:**3661 SOUTH MIAMI AVENUE
SUITE 603
MIAMI, FL 33133**FEI Number:** 20-1173701**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROSS, LEAI
C/O MARIA ROO
220 MIRACLE MILL, SUITE 206
MIAMI, FL 33134 US**Name and Address of New Registered Agent:**BARQUET, GLENN J
3661 SOUTH MIAMI AVENUE
SUITE 603
MIAMI, FL 33133 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: GLENN BARQUET

05/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BARQUET, GLENN J DR.
Address: 3661 SOUTH MIAMI AVENUE #910
City-St-Zip: MIAMI, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: BARQUET, GLENN J DR.
Address: 3661 SOUTH MIAMI AVENUE #603
City-St-Zip: MIAMI, FL 33133

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: GLENN BARQUET

D

05/09/2006

Electronic Signature of Signing Officer or Director

Date