


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 046 ***150.00

DOCUMENT # P04000100071	
1. Entity Name PROMD PRACTICE MANAGEMENT, INC.	

Principal Place of Business 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143	Mailing Address 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143
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2. Principal Place of Business 6200 SUNSET DRIVE SUITE 301 MIAMI, FL. 33143	3. Mailing Address 6200 SUNSET DRIVE SUITE 301 MIAMI, FL. 33143
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04182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1377010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CARRERAS, JOSE 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143	
7. Name and Address of New Registered Agent Name CARRERAS, JOSE Street Address (P.O. Box Number is Not Acceptable) 6200 SUNSET DRIVE SUITE 301 City MIAMI FL 33143	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 LAI, ANTHONY 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAI, ANTHONY 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JORGE L 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JORGE L 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, LARS P 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, LARS P 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERAS, JOSE 7300 SW 62ND PLACE SUITE 201 S MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERAS, JOSE 6200 SUNSET DRIVE, SUITE 301 MIAMI, FL. 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:  **JOSE CARRERAS** 4/20/06 305-669-9521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #