

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90356 045 ***150.00

DOCUMENT # P04000101754 1. Entity Name C. L. HERNANDEZ, M.D., P.A.																																	
Principal Place of Business 600 NORTH HIATUS ROAD SUITE 201 PEMBROKE PINES, FL 33026			Mailing Address 600 NORTH HIATUS ROAD SUITE 201 PEMBROKE PINES, FL 33026																														
2. Principal Place of Business 2771 Executive Drive Suite, Apt. #, etc. Suite 4 City & State Weston, FL Zip 33331		3. Mailing Address 1980 S Ocean Drive Suite, Apt. #, etc. Apt. # 6P City & State Hallandale, FL Zip 33009		4. FEI Number 34-2011158 Applied For <input type="checkbox"/> Not Applicable																													
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent HERNANDEZ, C. LYNN 600 NORTH HIATUS ROAD SUITE 201 PEMBROKE PINES, FL 33026				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2771 Executive Drive, Suite 4 City Weston FL Zip Code 33331																													
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																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, C. LYNN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 NORTH HIATUS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33026</td> <td></td> </tr> </table>			TITLE	P	Delete	NAME	HERNANDEZ, C. LYNN		STREET ADDRESS	600 NORTH HIATUS ROAD		CITY-ST-ZIP	PEMBROKE PINES, FL 33026		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 5%;">Change</td> <td style="width: 5%;">Addition</td> </tr> <tr> <td>NAME</td> <td>1980 S Ocean Drive, Apt. 6P</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Hallandale, FL 33009</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME	1980 S Ocean Drive, Apt. 6P			STREET ADDRESS	Hallandale, FL 33009			CITY-ST-ZIP			
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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 <i>C. Lynn Hernandez</i> C. Lynn Hernandez				Date <i>4/24/06</i> Daytime Phone #																													