


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 026 ***150.00

DOCUMENT # P04000115422 1. Entity Name JOSE FERNANDEZ MD PA					
Principal Place of Business 20601 OLD CUTLER RD STE 100 MIAMI, FL 33189				Mailing Address 20601 OLD CUTLER RD STE 100 MIAMI, FL 33189	
2. Principal Place of Business 10700 CARIBBEAN BLVD		3. Mailing Address 10700 CARIBBEAN BLVD			
Suite, Apt. #, etc. SUITE # 108		Suite, Apt. #, etc. SUITE # 108			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA			
Zip 33189		Country USA		Zip 33189	
Country USA		4. FEI Number 20-1475913			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, JOSE 20601 OLD CUTLER RD STE 100 MIAMI, FL 33189				7. Name and Address of New Registered Agent Name FERNANDEZ JOSE Street Address (P.O. Box Number is Not Acceptable) 10700 CARIBBEAN BLVD SUITE # 108 City MIAMI FL Zip Code 33189	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME FERNANDEZ, JOSE		TITLE Change	NAME 10700 CARIBBEAN BLVD SUITE #108	
STREET ADDRESS 20601 OLD CUTLER RD STE 100	CITY-ST-ZIP MIAMI, FL 33189		STREET ADDRESS MIAMI FL 33189	CITY-ST-ZIP MIAMI FL 33189	
TITLE Delete	NAME Delete		TITLE Change	NAME Delete	
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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: _____			Date 1-11-06 (305) 251-8016		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					