2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158114

Entity Name: MANUEL MONTES DE OCA, M.D., P.A.

FILED May 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13702 NW 11TH COURT 15049 SW 52ND STREET PEMBROKE PINES, FL 33028 MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

13702 NW 11TH COURT 15049 SW 52ND STREET PEMBROKE PINES, FL 33028 15049 SW 52ND STREET MIRAMAR, FL 33027

FEI Number: 20-1916463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTES DE OCA, MANUEL
13702 NW 11TH COURT
PEMBROKE PINES, FL 33028 US
MONTES DE OCA, MANUEL
15049 SW 52ND STREET
MIRAMAR, FL 33027 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: 05/02/2006

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 MONTES DE OCA, MANUEL

 Address:
 13702 NW 11TH COURT

 City-St-Zip:
 PEMBROKE PINES, FL 33028

 Title:
 VD
 () Delete

 Name:
 BONNELLY, MINERVA

 Address:
 13702 NW 11TH COURT

 City-St-Zip:
 PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition Name: MONTES DE OCA, MANUEL Address: 15049 SW 52ND STREET City-St-Zip: MIRAMAR, FL 33027

Title: VD (X) Change () Addition

Name: BONNELLY, MINERVA Address: 15049 SW 52ND STREET City-St-Zip: MIRAMAR, FL 33027

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: MANUEL MONTES DE OCA PD 05/02/2006