2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2007
Secretary of State

DOCUMENT# P04000168819

Entity Name: DR. MOSES O. ALADE, M.D., P.A.

Current Principal Place of Business:

1190 MW 95TH STREEET
SUITE 401
MIAMI, FL 33150 US

New Principal Place of Business:

838 NW 183 ST
SUITE 102
MIAMI GARDENS, FL 33169 US

Current Mailing Address:

1190 MW 95TH STREEET
SUITE 401
MIAMI, FL 33150 US

New Mailing Address:

838 NW 183 ST
SUITE 102
MIAMI GARDENS, FL 33169 US

FEI Number: 20-2548785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE, ROBERT E
18244 SW 20TH STREET
SUITE 201
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: ALADE, MOSES O
Address: 1190 NW 95TH STREET
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition
Name: ALADE, MOSES O
Address: 838 NW 183 ST . SUITE 102
City-St-Zip: MIAMI GARDENS, FL 33169 US

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: MOSES. O. ALADE PS 03/03/2007

Electronic Signature of Signing Officer or Director Date