
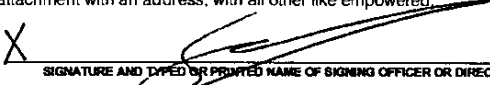


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 039 ***150.00

DOCUMENT # P05000001807					
1. Entity Name ST. JOHN MEDICAL ASSOCIATES, INC.					
Principal Place of Business 10305 SW 89 COURT MIAMI, FL 33176		Mailing Address 10305 SW 89 COURT MIAMI, FL 33176			
2. Principal Place of Business W. OAKLAND PARK BLVD		3. Mailing Address C/O MICHAEL ANIMAL HOSPITAL 5629 SW 107 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAUDERDALE LAKES, FL		City & State MIAMI, FL		4. FEI Number 20-2403660	
Zip 33311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARJA, JOSE M CPA 10300 SUNSET DRIVE 135 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S MICHAEL, SONIA V MD 10305 SW 89 COURT MIAMI, FL 33176	<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	DIR MICHAEL, SONIA V MD 10305 SW 89 COURT MIAMI, FL 33176	<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
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: 		Date: 8/10/06		Daytime Phone #	