

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001807

FILED  
Jul 26, 2007  
Secretary of State

Entity Name: ST. JOHN MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

WEST OAKLAND PARK BLVD  
LAUDERDALE LAKES, FL 33311

**New Principal Place of Business:**

4850 WEST OAKLAND PARK BLVD  
# 148  
LAUDERDALE LAKES, FL 33313

**Current Mailing Address:**

C/O MICHAEL ANIMAL  
5629 SW 107TH AVE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 20-2403660      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BARJA, JOSE M CPA  
10300 SUNSET DRIVE  
135  
MIAMI, FL 33173 US

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

BARJA, JOSE M CPA  
7400 SW 50 TER  
# 304  
MIAMI, FL 33155 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: JOSE M. BARJA

07/26/2007

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: P, S ( ) Delete  
Name: MICHAEL, SONIA V MD  
Address: 10305 SW 89 COURT  
City-St-Zip: MIAMI, FL 33176 US

Title: DIR ( ) Delete  
Name: MICHAEL, SONIA V MD  
Address: 10305 SW 89 COURT  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SONIA V. MICHAEL

PRES

07/26/2007

Electronic Signature of Signing Officer or Director

Date