
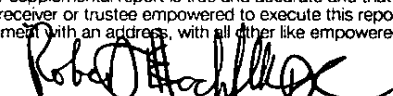


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90003 003 ***150.00

DOCUMENT # P05000009262 1. Entity Name ROBERT E. HOCHFELDER, D.C., P.A.					
Principal Place of Business 16510 SW 81ST AVE MIAMI FL 33157			Mailing Address 16510 SW 81ST AVE MIAMI FL 33157		
2. Principal Place of Business 8750 SW 159 St			3. Mailing Address 8750 SW 159 St		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami FL			City & State Miami, FL		
Zip 33157		Country USA		4. FEI Number 731727984	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOCHFELDER, ROBERT E 16510 SW 81ST AVE MIAMI FL 33157					
7. Name and Address of New Registered Agent Name Same Name Street Address (P.O. Box Number is Not Acceptable) 8750 SW 159 St City Miami FL Zip Code 33157					
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 \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	HOCHFELDER, ROBERT E				
STREET ADDRESS	16510 SW 81ST AVE				
CITY - ST - ZIP	MIAMI FL 33157				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: 					
8/25/06 (305) 975-3903					

ATTACHMENT

to: whom it may Concern, 40103648 8/25/06
~~#P05000009262~~

Due to the change of address, I
did not see Prior Notice(s) of AR.

Please notice new change of address,
(Box # 2 and #3), and update your records
in Tallahassee.

Feel free to contact me if you have any
questions regarding this matter.

Thank You!

Robert Hochfelder DC, PA