

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028948

Entity Name: ONYX MEDICAL MANAGEMENT, INC.

FILED
Feb 05, 2006
Secretary of State

Current Principal Place of Business:

1570 WEST 38TH PLACE #9
HIALEAH, FL 33012

New Principal Place of Business:

1570 WEST 38TH PLACE
UNIT#9
HIALEAH, FL 33012

Current Mailing Address:

1570 WEST 38TH PLACE #9
HIALEAH, FL 33012

New Mailing Address:

1570 WEST 38TH PLACE
UNIT#9
HIALEAH, FL 33012

FEI Number: 68-0602788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALWS, PETER
1570 WEST 38TH PLACE #9
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

MORALES, PETER
1570 WEST 38TH PLACE
UNIT#9
HIALEAH, FL 33012 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: PETER MORALES

02/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, PETER
Address: 1570 WEST 38TH PLACE #9
City-St-Zip: HIALEAH, FL 33012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORALES, PETER
Address: 1570 WEST 38TH PLACE UNIT# 9
City-St-Zip: HIALEAH, FL 33012

Title: VP () Change (X) Addition
Name: MORALES, OSCAR
Address: 1570 WEST 38TH PLACE UNIT#9
City-St-Zip: HIALEAH, FL 33012

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: PETER MORALES

PD

02/05/2006

Electronic Signature of Signing Officer or Director

Date