

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028948

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: ONYX MEDICAL MANAGEMENT, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 68-0602788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, ROSA  
1570 WEST 38TH PLACE  
UNIT#9  
HIALEAH, FL 33012 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 ( ) Delete  
Name: FANEGO, ISABEL  
Address: 1570 WEST 38TH PLACE UNIT#9  
City-St-Zip: HIALEAH, FL 33012

Title: CEO ( ) Delete  
Name: FANEGO, BERNARDO  
Address: 1570 WEST 38TH PLACE UNIT#9  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: MARTINEZ, ROSA  
Address: 1570 WEST 38TH PLACE UNIT#9  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ROSA MARTINEZ

V

04/20/2007

Electronic Signature of Signing Officer or Director

Date