2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# P05000030859

Entity Name: M.A. DIAZ, M.D., P.A.

Current Principal Place of Business:

6173 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6173 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-2440751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, MARIO A MD
142 COCONUT KEY LANE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

DIAZ, MARIO A MD
6173 GOLF VILLAS DRIVE
BOYNTON BEACH, FL 33437 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: MARIO A. DIAZ, M.D. 01/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: DIAZ, MARIO A MD
Address: 142 COCONUT KEY LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: V ( ) Delete
Name: BENCOMO, BARBARA A
Address: 142 COCONUT KEY LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: DIAZ, MARIO A MD
Address: 6173 GOLF VILLAS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V (X) Change ( ) Addition
Name: BENCOMO, BARBARA A
Address: 6173 GOLF VILLAS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

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: MARIO A. DIAZ, M.D. PS 01/05/2006
Electronic Signature of Signing Officer or Director Date