2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056355

Entity Name: ALPHONSE GILOUX DUFRENY, M.D., P.A.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1850 S.W. 8TH STREET SUITE 204 MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

1850 S.W. 8TH STREET SUITE 204 MIAMI, FL 33135

FEI Number: 72-1598138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BERANGER, SHIRLEY
5701 SW 152 COURT
MIAMI, FL 33193 US

DUFRENY, ALPHONSE G
12 REDWOOD CIRCLE
PLANTATION, FL 33317 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: ALPHONSE GILOUX DUFRENY, M.D. 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: () Change () Addition Name: DUFRENY, ALPHONSE G Name:

 Name:
 DUFREINT, ALPHONSE G
 Name:

 Address:
 1850 SW 8 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33135
 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: ALPHONSE GILOUX DUFRENY, M.D. CEO 04/28/2006