

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056355

FILED  
Feb 02, 2007  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

801 MONTEREY STREET  
SUITE 201 A  
CORAL GABLES, FL 33134

## Current Mailing Address:

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

## New Mailing Address:

801 MONTEREY STREET  
SUITE 205 A  
CORAL GABLES, FL 33134

FEI Number: 72-1598138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUFRENY, ALPHONSE G  
12 REDWOOD CIRCLE  
PLANTATION, FL 33317 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: CEO ( ) Delete  
Name: DUFRENY, ALPHONSE G  
Address: 1850 SW 8 STREET  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: DUFRENY, ALPHONSE G  
Address: 801 MONTEREY STREET  
City-St-Zip: CORAL GABLES, FL 33134

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 DUFRENY

CEO

02/02/2007

Electronic Signature of Signing Officer or Director

Date