

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100646

Entity Name: JAVIER FARACH, MD, P.A.

FILED
Feb 21, 2006
Secretary of State

Current Principal Place of Business:

335 CLYDE MORRIS BLVD.
SUITE 290
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

New Mailing Address:

6 GREY DAPPLE WAY
ORMOND BEACH, FL 32174 US

Current Mailing Address:

335 CLYDE MORRIS BLVD.
SUITE 290
ORMOND BEACH, FL 32174 US

FEI Number: 90-0081053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER STREET
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

FARACH, CARLOS J MD
6 GREY DAPPLE WAY
ORMOND BEACH, FL 32174 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: CARLOS JAVIER FARACH 02/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARACH, JAVIER
Address: 335 CLYDE MORRIS BLVD., SUITE 290
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARACH, CARLOS J
Address: 6 GREY DAPPLE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

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: CARLOS JAVIER FARACH P 02/21/2006

Electronic Signature of Signing Officer or Director Date