
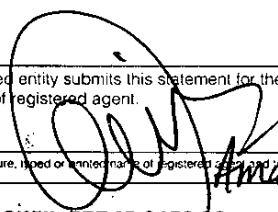
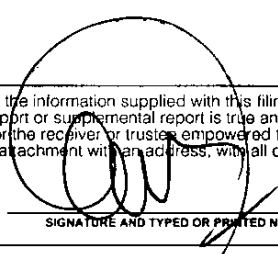


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90002 049 ***150.00

DOCUMENT # P05000105373			
1. Entity Name AMADO VIERA, M.D., P.A.			
Principal Place of Business 9124 COLLINS AVENUE #305 SURFSIDE, FL 33154		Mailing Address 9124 COLLINS AVENUE #305 SURFSIDE, FL 33154	
2. Principal Place of Business 777 East 25 Street Suite, Apt. #, etc. 219 City & State Hialeah, Florida Zip 33013 Country U.S.A.		3. Mailing Address 777 East 25 Street Suite, Apt. #, etc. 219 City & State Hialeah, Florida Zip 33013 Country U.S.A.	
4. FEI Number 27-0129723		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIERA, LIZ Y 300 SURFSIDE BLVD SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name Liz Y. Viera Street Address (P.O. Box Number is Not Acceptable) 12720 Ixora Road City N. Miami FL Zip Code 33181	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Amado Viera, President Signature, typed or printed name of registered agent and the applicable fee. (SEE Registered Agent signature required when reinstating) Liz Y. Viera - Registered Agent DATE 6-14-06			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME VIERA, AMADO M.D. STREET ADDRESS 9124 COLLINS AVE, #305 CITY-ST-ZIP SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE President NAME Viera, Amado M.D. STREET ADDRESS 777 East 25 Street, Suite 219 CITY-ST-ZIP Hialeah, Florida 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Amado Viera, President		Date 6-14-06 305-035-0438	