

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159039

Entity Name: A & R MEDICAL ASSOCIATES, P.A.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

12102 SW 102 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12102 SW 102 STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3893399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTTER, ALEJANDRO H
12102 SW 102 STREET
MIAMI, FL 33186 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: D () Delete
Name: ROTTER, ALEJANDRO H
Address: 12102 SW 102 STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: ARANDA, FRANK J
Address: 5578 NW 105 CT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: FRANK ARANDA

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date