2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050619

Entity Name: MUTUAL FLORIDA DOCTORS, INC.

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2001 NW 7TH STREET SUITE 304 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

2001 NW 7TH STREET SUITE 304 MIAMI, FL 33125

FEI Number: 20-4661349 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:

FUNDORA, JORGE W FIGUEROA, ULISES

2001 NW 7TH STREET SUITE 304 2001 NW 7TH STREET SUITE 304

MIAMI, FL 33125 US MIAMI, FL 33125 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: ULISES FIGUEROA 03/13/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

Name:FUNDORA, JORGE WName:FIGUEROA, ULISESAddress:2001 NW 7TH STREET SUITE 304Address:2001 NW 7TH STREET SUITE 304

City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

Title: V () Delete Title: V (X) Change () Addition
Name: FIGUEROA, EMERSO J Name: BACA-ARUZ, EDULCE M

 Address:
 2001 NW 7TH STREET SUITE 304
 Address:
 152 SW 79 CT.

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:
 MIAMI, FL 33144

Title: T () Delete Title: () Change () Addition

 Name:
 BACA-ARUS, DULCE
 Name:

 Address:
 2001 NW 7TH STREET SUITE 304
 Address:

Address: 2001 NW 71H STREET SUITE 304 Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip:

Title: S () Delete Title: S/T (X) Change () Addition

 Name:
 FONSECA, RAFAEL
 Name:
 MARTINEZ, MARTHA

 Address:
 2001 NW 7TH STREET SUITE 304
 Address:
 6436 SW 16 ST.

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:
 MIAMI, FL 33155

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: ULISES FUGUEROA P 03/13/2007