2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000002510

1. Entity Name CARLOS M. FERNANDEZ, P.A.



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1320 S DIXIE HWY

1320 S DIXIE HWY

STE 750

STE 750

CORAL GABLES, FL 33146 US

CORAL GABLES, FL 33146 US



01202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0378368

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name :	and Address	of Current	Registered Agent

DO NOT WRITE IN THIS SPACE

FERNANDEZ, CARLOS M 1320 S DIXIE HWY STE 750 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

CORAL G	ABLES, FL 33134		IN THIS SPACE		
	named entity submits this statement for the patients of registered agent.	purpose of changing its registered offi	ice or regi	stered agent, or bo	oth, in the State of Florida. I am familier with, and ac
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered Agent	signature req	ulred when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Cempaign Financing Trust Fund Contribution. Added to Fees			
to.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS DITY-ST-ZIP	PD FERNANDEZ, CARLOS M 1320 S DIXIE HWY STE 750 CORAL GABLES, FL 33146				U00000498405 04/22/06-80090-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY -ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling does not quality 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 direction the corporation or the receiver of trustee empowered to execute this apply as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all price like in proposers.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1606 Date

Deytime Phone #