

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 08:00 AM
Secretary of State



DOCUMENT # P93000085376
1. Entity Name
MANUEL J. AVILES, M.D., P.A.

Principal Place of Business: **1490 W 49 PL SUITE #270 HIALEAH FL 33012**
Mailing Address: **1490 W 49 PL SUITE #270 HIALEAH FL 33012**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **65-0467612** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AVILES, MANUEL J MD
1490 W 49 PL
SUITE #270
HIALEAH FL 33012**

7. Name and Address of New Registered Agent
Name: ~~_____~~
Street Address (P.O. Box Number is Not Acceptable): ~~_____~~
City: ~~_____~~ **FL** Zip Code: ~~_____~~

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: DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AVILES, MANUEL J MD 1490 W 49 PL SUITE #270 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor 110000449340 03/03/06-80050-015 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR