

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000060416

FILED
Jul 13, 2005
Secretary of State**Entity Name:** LLORET, FIALKOW & GOMEZ, M.D.'S, P.A.**Current Principal Place of Business:**7400 SW 87 AVE.
SUITE 100
MIAMI, FL 33173**New Principal Place of Business:****Current Mailing Address:**C/O BRUCE JAY TOLAND, P.A.
80 SW 8TH STREET, SUITE 1920
MIAMI, FL 33130**New Mailing Address:**C/O BRUCE JAY TOLAND, P.A.
80 SW 8TH STREET, SUITE 2805
MIAMI, FL 33130**FEI Number:** 65-0512292**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRUCE JAY TOLAND, P.A.
80 SW. 8TH ST., SUITE 1920
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**BRUCE JAY TOLAND, P.A.
80 SW 8TH STREET, SUITE 2805
MIAMI, FL 33130 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: BRUCE JAY TOLAND, PRESIDENT

07/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PS () Delete
Name: LLORET, RAMON L
Address: 7400 SW. 87TH AVE., STE. 100
City-St-Zip: MIAMI, FL 33173**Title:** VPT () Delete
Name: FIALKOW, JONATHAN A
Address: 7400 SW/ 87TH AVE., STE 100
City-St-Zip: MIAMI, FL 33173**Title:** VPT () Delete
Name: GOMEZ, ALVARO A
Address: 7400 SW. 87TH AVE., STE. 100
City-St-Zip: MIAMI, FL 33173**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PS (X) Change () Addition
Name: LLORET, RAMON L
Address: 7400 SW 87TH AVE., STE 100
City-St-Zip: MIAMI, FL 33173**Title:** VPT (X) Change () Addition
Name: FIALKOW, JONATHAN A
Address: 7400 SW 87TH AVE., STE 100
City-St-Zip: MIAMI, FL 33173**Title:** VPT (X) Change () Addition
Name: GOMEZ, ALVARO A
Address: 7400 SW 87TH AVE., STE 100
City-St-Zip: MIAMI, FL 33173**Title:** VP () Change (X) Addition
Name: LEMBCKE, KARL
Address: 7400 SW 87TH AVE., STE 100
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMON LLORET

PS

07/13/2005

Electronic Signature of Signing Officer or Director

Date