


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90047 039 \*\*\*150.00

<b>DOCUMENT # P95000012979</b>	
1. Entity Name AVELINO A. GUIRIBITEY, MD. P.A.	

Principal Place of Business 12950 S.W. 2ND TERRACE MIAMI, FL 33184	Mailing Address 12950 S.W. 2ND TERRACE MIAMI, FL 33184
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66001922



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0564155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GUIRIBITEY, AVELINO A 12950 S.W. 2ND TERRACE MIAMI, FL 33184
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**DO NOT WRITE  
IN THIS SPACE**

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: *A. Guiribitey* DATE: 1/11/06  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agents signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GUIRIBITEY, AVELINO A 12950 S.W. 2ND TERRACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUIRIBITEY, ELSA A 12950 SW 2ND TERRACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GUIRIBITEY, MARIA D 2939 INDIAN CREEK DR. APT. #507 MIAMI BEACH, FL 331404143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *A. Guiribitey* DATE: 1/11/06 305-856-9887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR