2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# P95000038212

Entity Name: PROFESSIONAL MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

6595 N.W. 36 STREET, STE 306-A
MIAMI, FL 33166

New Principal Place of Business:

3300 NE 191ST STREET
UNIT 413
AVENTURA, FL 33180

Current Mailing Address:

6595 N.W. 36 STREET, STE 306-A
MIAMI, FL 33166

New Mailing Address:

3300 NE 191ST STREET
UNIT 413
AVENTURA, FL 33180

FEI Number: 65-0577855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOGUS, MARTIN JR
3300 NE 191ST ST., UNIT 413
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: ROJAS, JORGE HUICI
Address: 6595 N.W. 36 STREET, STE 306-A
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOGUS, MARTIN
Address: 3300 NE 191ST STREET, UNIT 413
City-St-Zip: AVENTURA, FL 33180

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: MARTIN BOGUS, JR D 01/17/2007

Electronic Signature of Signing Officer or Director — Date