2006 FOR PROFIT CORPORATION

Feb 27, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P95000052542** 1. Entity Name MANUEL SIVINA, M.D., P.A. Mailing Address Principal Place of Business 4300 ALTON ROAD 4300 ALTON ROAD SUITE 212A SUITE 212A MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 No Chg-P CR2E034 (11/05) 02162006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0595411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SIVINA, MANUEL M.D. DO NOT WRITE 4300 ALTON ROAD SUITE 212A IN THIS SPACE MIAMI BEACH, FL 33140 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 Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 \Box After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SIVINA, MANUEL STREET ADDRESS 4300 ALTON ROAD, SUITE 212A CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE HUQQHI44928H NAME #3/69/06-800**48-008 150.00** STREET ADDRESS CSTY-ST-ZSP TALE STREET ADDRESS DO NOT WRITE CITY-ST-Z# IN THIS SPACE NAME STREET ADORESS CITY-ST-21P NAME STREET ADDRESS

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 eath; 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 attachmen

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DUELSIVINA

FILED