

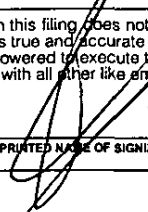


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 044 ***150.00

DOCUMENT # P95000052960 1. Entity Name SALAH AMER MD P.A.					
Principal Place of Business 1380 NE MIAMI GARDENS DRIVE SUITE 285 N MIAMI BEACH, FL 33179			Mailing Address 1380 NE MIAMI GARDENS DRIVE SUITE 285 N MIAMI BEACH, FL 33179		
2. Principal Place of Business 1380 NE MIAMI GARDENS DR Suite, Apt. #, etc. 140		3. Mailing Address 1380 NE MIAMI GARDENS DR Suite, Apt. #, etc. 140			
City & State N. MIAMI BEACH, FL 33179		City & State N. MIAMI BEACH, FL 33179		01242006 Chg-P CR2E034 (11/05)	
Zip 33179		Country US		4. FEI Number 65-0594360	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAPIRO, JAY S 1625 N. COMMERCE PKWY, STE 225 WESTON, FL 33326			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PDVP AMER, SALAH 1380 NE MIAMI GARDENS DRIVE, #285 N MIAMI BEACH, FL 33179		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Salah Amer, M.D. <input checked="" type="checkbox"/> 1/30/06 (305) 948-3970					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					