

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064655

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: LUIS GUTIERREZ - GALATAS, M.D., P.A.

**Current Principal Place of Business:**

9990 SW 58 ST  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9990 SW 58 ST  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0610491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUTIERREZ-GALATAS, LUIS  
9990 SW 58 ST  
MIAMI, FL 33173      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GUTIERREZ-GALATAS, LUIS  
Address: 9990 SW 58 ST  
City-St-Zip: MIAMI, FL 33173

Title: DVP ( ) Delete  
Name: GUTIERREZ-GALATAS, LUIS JR.  
Address: 9990 SW 58 ST  
City-St-Zip: MIAMI, FL 33173

Title: DST ( ) Delete  
Name: GUTIERREZ-GALATAS, HERMINIA  
Address: 9990 SW 58 ST  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIS GUTIERREZ- GALATAS, M.D., P.A.

DP

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date