

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                             |                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000041958</b><br>1. Entity Name<br><b>DRS. AIRALA LASER &amp; CATARACT INSTITUTE, P.A.</b> |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>2441 SW 37TH AVENUE<br/>MIAMI, FL 33145</b> | Mailing Address<br><b>2441 SW 37TH AVENUE<br/>MIAMI, FL 33145</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0676982</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                                |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MANNY FIGUEROA, CPA<br/>308 ALHAMBRA CIR<br/>STE 1101<br/>CORAL GABLES, FL 33134</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

|                                                                                     |                                       |
|-------------------------------------------------------------------------------------|---------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                 |
|----------------------------------------------------|-----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>AIRALA, MANUEL A M.D.<br>2441 SW 37TH AVENUE<br>MIAMI, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>AIRALA, MARTA S M.D.<br>2441 SW 37TH AVENUE<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |

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01/25/05-80018-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **MANUEL AIRALA** **1-19-05** **305.442.0066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #