

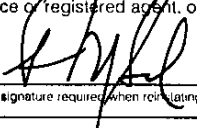
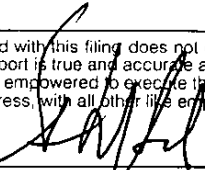


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90048 013 ***150.00

DOCUMENT # P96000066348 1. Entity Name DR. FRANCISCO M. GRANDA, P.A.																													
Principal Place of Business KENDAL MEDICAL PLAZA STE 303 11880 BIRD ROAD MIAMI, FL 33175			Mailing Address KENDAL MEDICAL PLAZA STE 303 11880 BIRD ROAD MIAMI, FL 33175																										
2. Principal Place of Business - No P.O. Box # 8000 SW 117 Ave		3. Mailing Address 8000 SW 117 Ave																											
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100																											
City & State Miami, FL		City & State Miami, FL																											
Zip 33183		Zip 33183																											
Country U.S.A		Country U.S.A.		4. FEI Number 65-0685020																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent GRANDA, FRANCISCO M KENDALL MEDICAL PLAZA STE 303 11880 BIRD ROAD MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Granda, Francisco M Street Address (P.O. Box Number is Not Acceptable) 8000 SW 117 Ave Suite 100 City Miami FL Zip Code 33183																										
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 <u>Francisco M. Granda</u> ✓  <u>1/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ret-acting) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRANDA, FRANCISCO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11880 BIRD ROAD, SUITE 303 AMERICAN MEDICA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GRANDA, FRANCISCO M		STREET ADDRESS	11880 BIRD ROAD, SUITE 303 AMERICAN MEDICA		CITY-ST-ZIP	MIAMI, FL 33175		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Granda, Francisco M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8000 SW 117 Ave, Suite 100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33183</td> <td></td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Granda, Francisco M		STREET ADDRESS	8000 SW 117 Ave, Suite 100		CITY-ST-ZIP	Miami, FL 33183	
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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:  <u>1/27/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													