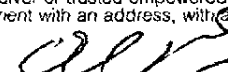


FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000078136		Feb 06, 2006 08:00 AM Secretary of State	
1. Entity Name MENDEZ & RUIZ D.M.D. P.A.			
Principal Place of Business 782 NW 42ND AVE, SUITE 536 MIAMI FL 33126		Mailing Address 782 NW 42ND AVE, SUITE 536 MIAMI FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 65-0686595		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MENDEZ, ANTONIO 1915 BRICKELL AVENUE 605-C MIAMI FL 33129		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 _____ (Signature, typed or printed name of registered agents and title if applicable) (NOTE: Registered Agent signature required when terminating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add
NAME	MENDEZ, ANTONIO	NAME	
STREET ADDRESS	782 NW 42ND AVE, SUITE 536	STREET ADDRESS	UN00000421089
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	02/16/06-80023-004 150.00
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Add
NAME	RUIZ, MILTON	NAME	
STREET ADDRESS	782 NW 42ND AVE #536	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered			
SIGNATURE: 		DATE: 1/31/06	