2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# P96000080180

Entity Name: JOSE A. NUNEZ, MD, P.A.

Current Principal Place of Business:

4100 NW 9TH STREET #100
MIAMI, FL 33126 US

New Principal Place of Business:

2541 SW 27 AVE #202
MIAMI, FL 33133 US

Current Mailing Address:

4100 NW 9TH STREET #100
MIAMI, FL 33126 US

New Mailing Address:

2541 SW 27 AVE #202
MIAMI, FL 33133 US

FEI Number: 65-0721380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNEZ, JOSE A MD
3941 PALMARITO ST
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

NUNEZ, JOSE A MD
301 MADEIRA AVE APT. 3B
CORAL GABLES, FL 33134 US

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: 07/10/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: NUNEZ, JOSE A MD
Address: 4100 NW 9TH STREET#100
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: NUNEZ, JOSE A MD
Address: 4100 NW 9TH STREET #100
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: NUNEZ, JOSE A MD
Address: 2541 SW 24 AVE #202
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change ( ) Addition
Name: NUNEZ, JOSE A MD
Address: 2541 SW 27 AVE #202
City-St-Zip: MIAMI, FL 33133

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: JOSE A. NUNEZ, M.D. PVST 07/10/2006
Electronic Signature of Signing Officer or Director Date