

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082093

FILED
Jul 14, 2005
Secretary of State

Entity Name: GUILLERMO VALENZUELA, M.D., P.A.

Current Principal Place of Business:

140 SW 84TH AVE
SUITE B
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

140 SW 84TH AVE
SUITE B
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0698702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENZUELA, GUILLERMO M.D.
140 SW 84TH AVE
SUITE B
PLANTATION, FL 33324 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

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: P () Delete
Name: VALENZUELA, GUILLERMO M.D.
Address: 140 SW 84TH AVE SUITE B
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: VALENZUELA, GUILLERMO M.D.
Address: 140 SW 84TH AVE SUITE B
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUILLERMO VALENZUELA MD PA

PRES

07/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date