


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000100076**

1. Entity Name  
**JUAN A. FERNANDEZ, M.D., P.A.**



Principal Place of Business <b>2601 SW 37 AVE          702          MIAMI, FL 33133</b>	Mailing Address <b>2601 SW 37 AVE          702          MIAMI, FL 33133</b>
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07252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0713010</b>	Applied For 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

**FERNANDEZ, JUAN A  
 2601 SW 37 AVE.  
 STE 702  
 MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JUAN A 2601 SW 37 AVE, STE., 702 MIAMI, FL 33133
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**DO NOT WRITE IN THIS SPACE**

100000572746  
 07/31/06-80001-020 150.00

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 the 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:** \_\_\_\_\_ **7/10/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #