

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043273

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: ALFREDO G. PUJOL MD PA

**Current Principal Place of Business:**

4201 PALM AVENUE  
2-B  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4201 PALM AVENUE  
2-B  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-0754478      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUJOL, ALFREDO G  
16319 SW 54 CT  
MIRAMAR, FL 33027      US

**Name and Address of New Registered Agent:**

PUJOL, ALFREDO G  
4201 PALM AVENUE  
2B  
HIALEAH, FL 33012 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: ALFREDO G PUJOL      04/05/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: PUJOL, ALFREDO G  
Address: 16319 SW 54 CT  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: PUJOL, ALFREDO G  
Address: 4201 PALM AVENUE 2B  
City-St-Zip: HIALEAH, FL 33012

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: ALFREDO G PUJOL      PRES      04/05/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date