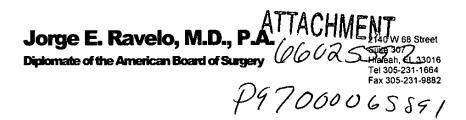
2005 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Aug 08, 2005 8:00 am **DOCUMENT # P97000065891** Secretary of State 07-08-2005 90024 030 ***158.75 JORGE E. RAVELO, M.D., P.A. Principal Place of Business Mailing Address 2140 W 68TH STREET SUITE 403 HIALEAH FL 33016 2140 W 68TH STREET SUITE 403 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 2140 W. 68th Sheet 2140 W 2nd MOORE CR2E034 (5/05) Applied For 4. FEI Number 65-0773933 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33016 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAVELO, JORGE E Street Address (P.O. Box Number is Not Acceptable) **2140 W 68TH STREET STE 403** HIALEAH FL 33016 City Zip Code FL 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 agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ravelo sorge & M.D. 2140, W asth sheet DR. TITLE ☐ Delete TITLE ☐ Addition RAVELO, JORGE E NAME MARKE 2140 W 68TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP FL 33016 MRS TITLE ☐ Defete TITLE -Enange Addition NAME RAVELO, ROSA MARIA 2140 W GASheet STREET ADDRESS 2140 W. 68 STREET, STE 403 STREET ADDRESS HIALEAH FL 33016 FL CITY-ST-ZIP CITY-ST-ZIP 33016 TITLE ☐ Celete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify 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 and eacutate 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 yeport 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 arraddress, with all other like empowered.

FILED

Daytime Phone #



August 2, 2005

To Whom It May Concern:

On January 1, 2005 our suite numbers change from suite 403 to suite 307.

On July, 2005 our office down loaded from the internet a copy of the Annual Report (AR) and this was sent to you on July 6, 2005, because we have never received a report by mail from your company. Therefore we kindly request not to be penalized with a late fee.

To avoid similar problems on the future please up date your files with our new address.

If you have any question in regards of this matter, please contact us at:

Jorge E. Ravelo M.D. 2140 W 68th Street **Suite 307** Hialeah, FL 33016 Tel: (305) 231-1664. Fax: (305) 231-9882

SINCERELY Rosa Maria Ravelo Noso- W. Kanelo-