

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093083

FILED
Mar 03, 2006
Secretary of State

Entity Name: HF MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

2627 N.E. 203RD STREET, SUITE 101
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2627 N.E. 203RD STREET, SUITE 101
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0789834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, JOAO RAMON
2627 NE 203 STREET
SUITE 101
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FAILLACE, HENRIETE D MD
Address: 1000 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRIETTE D FAILLACE

MD

03/03/2006

Electronic Signature of Signing Officer or Director

Date