## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000066625

FILED Apr 09, 2006 Secretary of State

Entity Name: ADULT MEDICINE CENTER OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business: New Principal Place of Business:** 210 JUPITER LAKES BLVD BLDG 4000 STE 103 JUPITER, FL 33458 **New Mailing Address: Current Mailing Address:** P.O. BOX 2208 JUPITER, FL 33468 FEI Number: 65-0853028 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, MIGUEL 296 FLÁMINGO PT.N. JUPITER, FL 33458 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOPEZ, MIGUEL Name: Name: 296 FLAMINGO PT N Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: Title: () Change () Addition () Delete Name: LOPEZ, IRMA V Name: 296 FLAMINGO PT N Address: Address: JUPITER, FL 33458 City-St-Zip: 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: MIGUEL LOPEZ D 04/09/2006