


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 22, 2006 08:00 A  
Secretary of State**

DOCUMENT # P99000025188 1. Entity Name MARIA J. GUTIERREZ, M.D., FACR, P.A.	
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Principal Place of Business 2472 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	Mailing Address 2472 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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03132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0907034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  H.A. INCORPORATED 308 NW 101 TERRACE CORAL SPRINGS, FL 33074
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**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.

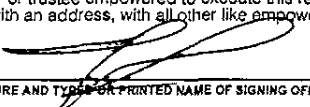
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000476949 04/06/06-80032-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, MARIA J 2472 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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**DO NOT WRITE IN THIS SPACE**

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 this 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:  DATE: 3/19/06 DAYTIME PHONE #: 954 8167614

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR