2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000025784

1. Entity Name
NEIGHBORHOOD FAMILY DOCTOR, INC.

Principal Place of Business	Mailing Address
4777 N. CONGRESS AVE.	4777 N. CONGRESS AVE.
BOYNTON BEACH, FL 33462	LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0904558	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

---

6. Name and Address of Current Registered Agent

TREJO, RUDOLFO
4777 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000552393
05/15/06-80033-014 150.00

---

10.   OFFICERS AND DIRECTORS

TITLE	VD
NAME	TREJO, RODOLFO
STREET ADDRESS	4779 N CONGRESS AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	PD
NAME	TREJO, JULIO
STREET ADDRESS	21 E 61 ST
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Rodolfo Trejo VD_   4/25/06   (561)969-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #