


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State


05-03-2005 90136 017 ***150.00

DOCUMENT # P99000036312	
1. Entity Name NOGUERAS FAMILY HEALTH ASSOCIATES, INC.	

Principal Place of Business 10435 SW 92 ST MIAMI, FL 33176	Mailing Address 10435 SW 92 ST MIAMI, FL 33176
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2. Principal Place of Business 9805 SW 115 CT	3. Mailing Address 9805 SW 115 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33176	Country
Zip 33176	Country

50046720



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0931552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DORNE, CRAIG M 407 LINCOLN RD PH-SOUTHEAST MIAMI BEACH, FL 33139	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NOGUERAS, DEBRA <input type="checkbox"/> Delete	TITLE D/P	Nogueras, Debra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10435 S W 92 ST	NAME	9805 SW 115 CT.
STREET ADDRESS	MIAMI, FL 33176	STREET ADDRESS	Miami, FL 33176
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	NOGUERAS, JOSEPH <input checked="" type="checkbox"/> Delete	TITLE	
NAME	10435 S W 92 ST	NAME	
STREET ADDRESS	MIAMI, FL 33176	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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 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: Debra Nogueras **Debra Nogueras** **4/28/05** **786-232-5944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #