


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000077499

1. Entity Name
SEVILLE PHYSICIAN'S GROUP, P.A.



Principal Place of Business
**9100 CORAL WAY
SUITE 1
MIAMI, FL 33156**

Mailing Address
**P.O. BOX 565670
MIAMI, FL 33256**

DO NOT WRITE IN THIS SPACE



05172006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0946556** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**NAVARRO, ALEJANDRO M.D.
9100 CORAL WAY
SUITE 1
MIAMI, FL 33156**

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 _____

**FILE NOW!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> NAVARRO, ALEJANDRO M.D. 9100 CORAL WAY SUITE 1 MIAMI, FL 33156
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05/23/06-80001-002 158.75

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:  **ALEJANDRO F. NAVARRO** 4/26/06 305 223-2124

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #