

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 A
Secretary of State

DOCUMENT # P99000095745		
1. Entity Name EIGHTH STREET MEDICAL GROUP, INC.		
Principal Place of Business 3191 CORAL WAY, STE. 303 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY, STE. 303 MIAMI, FL 33145	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLEIN, BRENT D 801 BRICKELL AVE., STE. 1801 MIAMI, FL 33131		
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 registering) 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAS, JOSE 3191 CORAL WAY, STE. 303 MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, EDUARDO 3191 CORAL WAY, STE. 303 MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0960929	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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03/09/06-80071-004 150.00

**DO NOT WRITE
IN THIS SPACE**