


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90010 048 \*\*\*150.00

<b>DOCUMENT # S75701</b>			
1. Entity Name J. FERNANDEZ BOMBINO M.D. P.A.			
Principal Place of Business 7100 W.20 AVE <del>SUITE 304</del> HIALEAH FL 33016 US		Mailing Address 8990 OLDCUTLER RD MIAMI FL 33156 US	
2. Principal Place of Business <del>7100 W. 20 AVE</del> Suite, Apt. #, etc. Suite 602		3. Mailing Address Suite, Apt. #, etc.	
City & State Hialeah Fla.		City & State	
Zip 33016	Country USA	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0261099		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 BOMBINO, JULIO FERNANDEZ 8990 OLD CUTLER ROAD MIAMI FL 33156		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 (re)instating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOMBINO, JULIO FERNANDEZ 8990 OLD CUTLER ROAD MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Julio Fernandez Julio Fernandez - 2/3/06 305 557 8300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bombino Date Daytime Phone #