
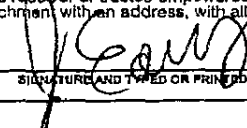


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V00605		
1. Entity Name EDELSTEIN, SALINERO, LLANSO, M.D., P.A.		
Principal Place of Business 400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134 US		Mailing Address 400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDELSTEIN, JAIME MD 400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	EDELSTEIN, JAIME MD	
STREET ADDRESS	400 UNIVERSITY DR 3 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	
NAME	LLANSO, RAFAEL MD	
STREET ADDRESS	400 UNIVERSITY DR, 3 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	
NAME	SALINERO, EFREN D MD	
STREET ADDRESS	400 UNIVERSITY DR, 3 FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	
NAME	TOLEDO-VALIDO, MARTHA MD	
STREET ADDRESS	400 UNIVERSITY DR 3 FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	
NAME	JOAQUIN, JIMENEZ MD	
STREET ADDRESS	400 UNIVERSITY DRIVE 3RD FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Date: 5/1/06 Daytime Phone: 305 444 6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0298763	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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05/19/06-80035 810 150.00

**DO NOT WRITE
IN THIS SPACE**