

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V18242**

1. Entity Name  
**JOSE M. VALDIVIA JR. MD, P.A.**



Principal Place of Business  
**400 ARTHUR GODFREY RD  
STE 406  
MIAMI BCH, FL 33140 US**

Mailing Address  
**400 ARTHUR GODFREY RD  
STE 406  
MIAMI BCH, FL 33140 US**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0330911** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VALDIVIA, JOSE M., JR  
400 ARTHUR GODFREY RD  
STE 406  
MIAMI BCH, FL 33140**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>PSTD VALDIVIA, JOSE M JR. 400 ARTHUR GODFREY RD- #406 MIAMI BCH, FL 33140</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**U00000503375  
04/26/06-80030-016 150.0**

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOSE M. VALDIVIA JR MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 (305) 534 8552  
Date Daytime Phone #