


FILED
May 02, 2007 08:00 A
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

DO NOT WRITE IN THIS SPACE



04302007 No Chg-F CR2E034 (11/05)

4. FEI Number 65-0330911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	-----------------------------

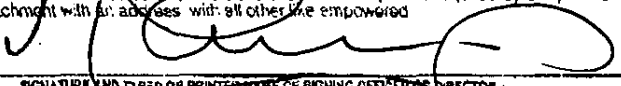
10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

J00000756487
 05/23/07-80032-015-150.01

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 reports 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:  **JOSE M. VALDIVIA JR M.D. PRESIDENT.**

Date: 05/29/07 305 5348550
 Director Phone #