

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Metherell
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **491271** (3)

1. Corporation Name
FEDERICO R. JUSTINIANI, M.D., P.A.



Principal Place of Business: **4300 ALTON ROAD MIAMI BEACH FL 33140-2849**
Mailing Address: **4300 ALTON ROAD MIAMI BEACH FL 33140-2849**

2. Previous Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) County (25)
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

3. Date Incorporated or Qualified: **03/15/1976**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **59-1664858** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JUSTINIANI, FEDERICO R., M.D.
4300 ALTON ROAD
MT. SINAI MEDICAL CENTER
MIAMI BEACH FL**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Numbers Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.09(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby I accept the appointment as registered agent. I am authorized to accept the obligations of Section 607.06(2), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY, ST., ZIP		4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST., ZIP		8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST., ZIP		16. CITY, ST., ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST., ZIP		20. CITY, ST., ZIP	

14. I hereby certify that the information supplied is true, I am a voluntary filer and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information has been reviewed, is true and accurate and that my signature shall have the same legal effect as if made under oath. The filer, officer, 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 12 or Block 13, is exempt, or exempted, to file with an address.

SIGNATURE: *Federico R. Justiniani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(305) 674-2342

CR2E034 (12/95)