2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 491271

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

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

94058901

DO NOT WRITE IN THIS SPACE

03292004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-1664858		Not Applicable

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

6. Name and Address of Current Registered Agent

JUSTINIANI, FEDERICO R., M.D.
4300 ALTON ROAD
MT. SINAI MEDICAL CENTER
MIAMI BEACH, FL

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JUSTINIANI, FEDERICO R.
STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI, FL

TITLE	S
NAME	JUSTINIANI, FEDERICO R
STREET ADDRESS	4300 ALTON ROA
CITY-ST-ZIP	MIAMI, FL

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4/17/04   305-614-22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #