


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 491271
1. Entity Name
FEDERICO R. JUSTINIANI, M.D., P.A.



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

DO NOT WRITE IN THIS SPACE



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1664858 Applied For
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 _____ U00000366195
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when retreating) 05/11/05-80024-024-150-00

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTINIANI, FEDERICO R. 4300 ALTON ROAD MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Federico R. Justiniani **FEDERICO R. JUSTINIANI** 5/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date 305-274-2242