

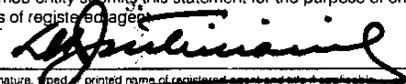
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90065 048 ***150.00

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DOCUMENT # 491271			
1. Entity 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. Principal Place of Business 4302 ALTON ROAD		3. Mailing Address 4302 ALTON ROAD	
Suite, Apt. #, etc. SUITE 900		Suite, Apt. #, etc. SUITE 900	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33140	Country USA	Zip 33140	Country USA
4. FEI Number 59-1664858		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 JUSTINIANI, FEDERICO R., M.D. 4300 ALTON ROAD MT. SINAI MEDICAL CENTER MIAMI BEACH, FL		7. Name and Address of New Registered Agent Name JUSTINIANI, FEDERICO R., M.D. Street Address (P.O. Box Number is Not Acceptable) 4302 ALTON ROAD, SUITE 900 City MIAMI BEACH FL Zip Code 33140	
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:  DATE: 1/6/06 <small>Signature typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTINIANI, FEDERICO R. 4300 ALTON ROAD MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEDERICO R. JUSTINIANI 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTINIANI, FEDERICO R. 4300 ALTON ROA MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEDERICO R. JUSTINIANI 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 1/6/06 DAYTIME PHONE #: 305-674-2242	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	