

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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01062006 Chg-P CR2E034 (11/05)

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																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
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: 1/6/06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> PD JUSTINIANI, FEDERICO R. <input type="checkbox"/> Delete 4300 ALTON ROAD MIAMI, FL </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> PD FEDERICO R. JUSTINIANI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> S JUSTINIANI, FEDERICO R <input type="checkbox"/> Delete 4300 ALTON ROAD MIAMI, FL </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> S FEDERICO R. JUSTINIANI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTINIANI, FEDERICO R. <input type="checkbox"/> Delete 4300 ALTON ROAD MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEDERICO R. JUSTINIANI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTINIANI, FEDERICO R <input type="checkbox"/> Delete 4300 ALTON ROAD MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEDERICO R. JUSTINIANI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140	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	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	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
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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:			1/6/06 305-674-2242 <small>Date Daytime Phone #</small>																										