

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 491271

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



Principal Place of Business
**4302 ALTON ROAD
SUITE 900
MIAMI BEACH, FL 33140**

Mailing Address
**4302 ALTON ROAD
SUITE 900
MIAMI BEACH, FL 33140**



05082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**JUSTINIAMI, FEDERICO R MD
4302 ALTON ROAD, SUITE 900
MIAMI BEACH, FL 33140**

**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
Due by September 12, 2008**

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	PDS JUSTINIANI, FEDERICO R. 4302 ALTON ROAD, SUITE 900 MIAMI BEACH, FL 33140
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U00000951260
06/04/08-80026-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

FEDERICO R. JUSTINIANI

Date

Daytime Phone #

5/12/08