2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 517644

1. Entity Name ALEJANDRO A. RADI, M.D., P.A.



FILED
Jan 24, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3599 WINERSTY BLVD. S., STE. 8 JUNEOWYLLE, FL. 32216 7104 SAN PEDRO NOAD MORGONVILLE, FL 31117

200



01152005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1700325 Applied Fu

A CONTRACTOR OF CONTRACTOR OF

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RADI, ALEJANDRO A. 3599 UNIVERSITY BLVD. S., STE. 8 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

				66.4	THO OF ACE	
5. The above the obligat	named entity submits this statement for the plons of registered agent.	surpose of changing its registered o	ffice or r	registered agent, or bot	h, in the State of Florida. I am famillar with, and	
SIGNATURE	Signature, typed or printed name of registered agent and site	f applicable (NOTE Registeres Ap	erk Bigriddari	e required when reinstaling)	ОАТЕ	
	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			the second of th		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADI, ALEJANDRO A. 7204 SAN PEDRO RD JACKSONVILLE, FL			U00000190406 01/24/05-80133-018 150.00		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	S RADI, DIANA 7204 SAN PEDRO RD JAX, FL	· · · · · ·				
TITLE MAAIE STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-SY-ZIP	·			•		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 directly of the corporation or the receiver or truetee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Biochanged, or on an attachment with an address, with all other like proporties.

SIGNATURE: X

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

x1-20-05904-398.