

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 545282

FILED
Apr 29, 2005
Secretary of State

Entity Name: STUART GOTTLIEB, M.D., CHARTERED

Current Principal Place of Business:

495 BILTMORE WAY
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

495 BILTMORE WAY
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1771206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZLOWSKI, STEVEN R
927 LINCOLN RD #208
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SOTO, VICTOR M.D.
Address: 495 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SOTO, DALISLA C
Address: 10568 NW 51ST TERR
City-St-Zip: MIAMI, FL 331783210

Title: D () Delete
Name: SOTO, ADRIANA C
Address: 5560 NW 107TH AVE #1012
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: CASTRELLON, ULPiano
Address: 3050 LA MIRAGE DRIVE
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR G. SOTO, MD

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date