2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 545282

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

Principal Place of Business	Mailing Address
495 BILTMORE WAY CORAL GABLES, FL 33134 US	495 BILTMORE WAY CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1771206

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000411794
02/10/06-80022-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SOTO, VICTOR M.D.
STREET ADDRESS	495 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	SOTO, DALISLA C
STREET ADDRESS	10566 NW 51ST TERR
CITY-ST-ZIP	MIAMI, FL 331783210
TITLE	D
NAME	SOTO, ADRIANA C
STREET ADDRESS	5560 NW 107TH AVE #1012
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	CASTRELLON, ULPIANO
STREET ADDRESS	3050 LA MIRAGE DRIVE
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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