## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		INNUAL P	EPORT (A	<u>R)                                    </u>		_	F	ILED		
1. Entity Nar	me	# 601472			Apr 18, 2005 08:00 AM Secretary of State					
ZIVOMIR GOLUBOVIC, M.D., P.A.								<b>J</b>		
Principal Pla	ce of Busines	s	Mailing Address			†				
	DERAL HWY RTH FL 3346		1201 S FEDERAL HWY LAKE WORTH FL 33460							
								FEEF BUILD OF DIE BENDE R		
2. Principal i	Place of Busin	ness	3. Mailing Address							
Suite, Apt #, etc.			Suite, Apt #, etc.			1.	st MOORE	CR2E034 (1	0/04)	
City & State			City & State			4. FEI Num	<sup>ber</sup> <b>59-127034</b> 5	i	<u> </u>	oplied For ot Applicable
Zip	Country		Zip	Cour	ntry	5. Certificat	te of Status Desired		.75 Add	
	6. Name	and Address of Current	Name	7. Name an	d Address of New R	agistered Age	nt			
GOLUBOVIC,ZIVOMIR										
	)1 S FEDÊ KE WORTI	RAL HWY H FL			Street Address (I	P.O. Box Num	ber is Not Acceptable	) 		
					City				Zıp Cod	
8 The phase	a named on th	enhmits this statement for	or the purpose of changing	ito ropintor	1	ad agent or b	ash to the Chair of Fla	r_	,	
the obliga	tions of regist	ered agent.	ine purpose of changing	iis registen	ed dilice of redister	ed agent, or b	om, in the State of Flor -	ida iam iami	ılar witn,	and accept
SIGNATURE	Signature typed	or printed name of registered agent	and title 4 snotcants (N	OTF Bacislara	d Agent signature required	when telephon to the		DATE		
F	·· /··	! FEE IS \$150.00	V.			when the stating)				
After	May 1, 200	5 Fee Will Be \$550.00 Florida Department o					9. Election Campai Trust Fund Cont			00 May Be ed to Fees
10.		OFFICERS AND		11.	<del> </del>	ADDITIONS	L S/CHANGES TO OFFIC	CERS AND DIF	ECTOR:	5 IN 11
TITLE NAME	PD GOLLIBOVI	IC,ZIVOMIR	☐ Delete !!![LE						Change	Addition
STREET ADDRESS		DERAL HWY.	NAME SIRLE		E LADDRESS		100000031	1845	eren a	<b>.</b>
CITY ST-ZIP	LAKE WOR	ITH FL		CITY-ST-7IP			04/18/05-80			
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TITLE NAME			☐ Delete	NAME				L	Change	Addition
STREET ADDRESS					F ADDRESS ST-ZIP					
12 I hereby c	ertify that the	information supplied with	this filing does not qualify f	or the ever	antion stated in Sea	ation 119.07(3)	(i), Florida Statutes. I f	further certify th	at the in	formation
12. I hereby certify that the information supplied with this filing does not qualify 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 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 true e impowered 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 open attachment with an address, with all other like empowered.  2NOMIR GOLUBOVIC, M.D., P.A.										
SIGNATURE: _ Malubor ons ZIVOMIH GOLUBOVIC, MILLY 15/01 561-54 3351										
SIGNATURE: Daylette Phone 4										