


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 653244
1. Entity Name
**MICHAEL D. OZNER M.D., PROFESSIONAL
ASSOCIATION**



Principal Place of Business Mailing Address
**8950 N KENDALL DR, SUITE 405
MIAMI, FL 33176** **8950 N KENDALL DR, SUITE 405
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1973191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**OZNER, MICHAEL D
8950 N KENDALL DR, SUITE 405
MIAMI, FL 33176**

**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 _____ 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

000000423173
02/17/06-80045-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OZNER, MICHAEL D 8950 N KENDALL DR #405 MIAMI, FL 33176
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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:  **Michael D. OZNER, MD** 2/1/06 305-596-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #