


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 637783</b> 1. Entity Name OSVALDO CONTARINI, M.D., P.A.	
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Principal Place of Business 3636 UNIVERSITY BLVD JACKSONVILLE, FL 32216 US	Mailing Address 6320 WOODVALLEY RD JACKSONVILLE, FL 32217 US
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01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1970543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CONTARINI, OSVALDO, M.D. 3636 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN00000083468 03/10/04-80040-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTARINI, OSVALDO 3636 UNIVERSITY BLVD S. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONTARINI, ARACELIS 3636 UNIVERSITY BLVD S. JACKSONVILLE, FL
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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 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: \*** *Aracelis S. Contarini* **3-09-04** **(904) 737-3150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #