

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 657783**

1. Entity Name  
OSVALDO CONTARINI, M.D., P.A.



Principal Place of Business  
3636 UNIVERSITY BLVD  
JACKSONVILLE, FL 32216 US

Mailing Address  
6320 WOODVALLEY RD  
JACKSONVILLE, FL 32217 US



**DO NOT WRITE IN THIS SPACE**

02032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1970543

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**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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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: Aracelis S. Contarini ARACELIS S. CONTARINI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/1/07 Daytime Phone #: (904) 737-3150