
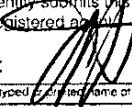
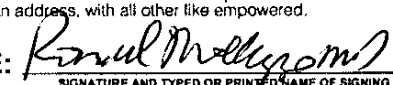


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08210					
1. Entity Name RONALD MOLLUZZO, M.D., P.A.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2201 NE 52nd Street			3. Mailing Address The same		
Suite, Apt. #, etc. #201			Suite, Apt. #, etc.		
City & State Lighthouse Point, Florida			City & State		
Zip 33064		Country		Zip	
				Country	
DO NOT WRITE IN THIS SPACE				4. FEI Number 592041435	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of Current Registered Agent	
				Name SPIEGEL & UTRERA, P.A.	
				Street Address (P.O. Box Number is Not Acceptable)	
				1840 Southwest 22 Street, 4th Floor	
				City Miami	
				FL Zip Code 33145	
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, SPIEGEL & UTRERA, P.A.					
SIGNATURE		By: 		Natalia Utrera, Vice President	
				DATE 4/10/06	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P - Ronald Molluzzo 2201 NE 52nd St., #210 Lighthouse Point, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800072711688 04/28/06--01029--008 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  Ronald Molluzzo					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

CR2E034B (12/02)