## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F13705 1. Entity Alarne JUDITH DUGA, M.D., P.A.

Principal Place of Business 1500 NORTH UNIVERSITY DRIVE

SUITE 100 CORAL SPRINGS, FL 33071-8902 Mailing Address

1500 NORTH UNIVERSITY DRIVE SUITE 100

CORAL SPRINGS, FL 33071-8902

## FILED Mar 15, 2004 08:00 AM Secretary of State

CD2E024 (10(02)



DO NOT	WRITE	IN THIS	SPACE
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03122004	140 Chg-C	CHELOOT (II	Challos (10/00)			
4. FEI Number	<del>,</del>		Applied For			

59-2060050 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUGA, JUDITH, M.D. 2000 OAKMONT TERRACE CORAL SPRINGS, FL 33071

SIGNATURE: \_

## 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							
	Signature, typed or primed name of registered agent and title of	f applicable. (NOTE: Registered	Agent signature	raquired when reinstating)	DATE		
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees	03/15/04-80036-008 150.00			
10.	OFFICERS AND DIREC	TORS		7 - 1, 3, 1	144		
DILE NAME STREET ADDRESS CITY-ST-ZP	PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY DR #100 CORAL SPRINGS, FL						
TITLE NAME STREET ADDRESS CITY-ST-JP		3001					
TITLE NAME STREET ADDRESS CETY-ST-ZIP				DO	NOT WRITE		
ntle Name Street address City-St-2P				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	·						
TITLE NAME STREET ADDRESS CHY-ST-ZP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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 efficer 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.							