


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F13705**  
 1. Entity Name  
**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
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2060050</b>	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**

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

**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)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS DUGA, JUDITH M., M.D. 1500 UNIVERSITY DR #100 CORAL SPRINGS, 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)(f), 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:** *Judith Duga MD* **JUDITH DUGA, M.D.** **2/3/05** **954 755-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #