2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F13705

1. Entity Name JUDITH DUGA, M.D., P.A.



Principal Place of Business

Mailing Address

1500 NORTH UNIVERSITY DRIVE SUITE 100 CORAL SPRINGS, FL 33071-8902 1500 NORTH UNIVERSITY DRIVE SUITE 100 CORAL SPRINGS, FL 33071-8902 FILED
- Feb 14, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number | A

59-2060050

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional

Fee Required

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

5. Name and Address of Current Registered Agent

- DO NOT WRITE IN THIS SPACE

the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent eignature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE PVS NAME DUGA, JUDITH M., M.D. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE NAME DUGA, JUDITH M., M.D. STRECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	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.						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME DUGA, JUDITH M., M.D. STRICT ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL U00000229715 U2/15/05-80007-U21 150.00 TITLE NAME STRICT ADDRESS CITY-ST-ZIP TO NOT WRITE	SIGNATURE_si		if applicable. (NOTE Registered Agent	eignature	required when reinstating)	DATE	
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NAME STRIET ADDRESS CITY-ST-ZIP DO NOT WRITE	NAME STREET ADDRESS			•		000000229715 02/15/05-80007-021 150.00	
IN THIS SPACE	NAME STREET ADDRESS				DO	NOT WRITE	
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TITLE NAME STRELT ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Learney conting that the information supplied with this filling doze not qualify for the exemption stated in Section 119 07/3/0). Floride Statutes I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		

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 of 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:

MALETA DESERVED SUTTENT DUTH M.D. TURE AND TYPED ON PRINTED HAVE SIGNING OFFICER OR DIRECTOR

2/3/05

954 755-1800

Daytime Phone #