


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 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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03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2060050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUGA, JUDITH, M.D.
 1500 N. UNIVERSITY DRIVE
 SUITE # 100
 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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PRES	NAME JUDITH, DUGA, M.D.
STREET ADDRESS 1500 UNIVERSITY DR #100	CITY-ST-ZIP CORAL SPRINGS, FL 33071
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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: *Judith Duga M.D.* **JUDITH DUGA, M.D., P.A.** **4/1/08** **(954) 755-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #