

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90385 036 ***150.00

60023289



03202006 Chg-P CR2E034 (11/05)

DOCUMENT # F49717					
1. Entity Name HUMBERTO J. ANICAMA, M.D., P.A.					
Principal Place of Business 4801 N FEDERAL HWY EAST BLDG STE 101 FT LAUDERDALE, FL 33308			Mailing Address 4801 N FEDERAL HWY EAST BLDG STE 101 FT LAUDERDALE, FL 33308		
2. Principal Place of Business 4800 NE 20 th TERR. Suite, Apt. #, etc. # 201S		3. Mailing Address 4800 NE 20 th TERR Suite, Apt. #, etc. # 201S		4. FEI Number 59-2135718	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		Applied For Not Applicable	
Zip 33308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANICAMA, HUMBERTO J 4801 N FEDERAL HWY EAST BLDG 101 FT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4800 NE 20 th TERRACE #201S City FORT LAUDERDALE FL Zip Code 33308		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANICAMA, HUMBERTO J 4801 N FEDERAL HWY 101E FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4800 NE 20 th TERRACE #201S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Humberto J Anicama M.D.P.A.</i>			Date: <i>3-27-06</i> Daytime Phone #: <i>954-993-7979</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT



GOLDSTEIN LEWIN & CO

Certified Public Accountants and Consultants

60023289
F49717

Date: March 20, 2006

To: Humberto J. Anicama MD, P.A.

For the Year: 2006

FILING INSTRUCTIONS

FLORIDA 2006 UNIFORM BUSINESS REPORT FOR CORPORATIONS & OTHER ENTITIES

The enclosed return has been prepared from data and other information submitted by you. Please review this report for any omissions or misstatements.

SIGNATURE: Read and verify correctness of declarations before signing.

**PAYMENT
REQUIRED:** \$150.00 - Filing fee to be paid with the return.

Make check payable to the **DEPARTMENT OF STATE**. Be sure to enter the corporation's federal employer identification number (see Block 4) on the check.

MAIL TO: **DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6198
TALLAHASSEE, FLORIDA 32314**

MAIL: Before May 1, 2006

If filed after May 1, 2006, a \$400 penalty will be imposed.

Retain the copy for your files.

It should have the name of the officer signing and date of filing completed so that your records will be complete.

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www.goldsteinlewin.com

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Fort Lauderdale Office
Advocate Building
315SE 7TH Street, 2ND Floor
Fort Lauderdale, Florida 33301
(Reply to Boca Address)