

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F60777	
1. Entity Name ROBERT F. DE LUCA, M.D., P.A.	



Principal Place of Business 1536 VENERA AVENUE CORAL GABLES, FL 33146	Mailing Address 1536 VENERA AVENUE CORAL GABLES, FL 33146
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03182004 No Chg-P CR2EC34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2151875	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

DELUCA, ROBERT F M.D.
1536 VENERA AVENUE
CORAL GABLES, FL 33146

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 printed name of registered agent and title is appropriate. (NOTE: Registered Agent signature required when not present.) DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVT DE LUCA, ROBERT F MD 1536 VENERA AVENUE CORAL GABLES, FL 33146
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04/26/04-80030-025 150.00

DO NOT WRITE IN THIS SPACE

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 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, changed, or on an attachment with an address, with another like employer.

SIGNATURE: *Robert F De Luca*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (35) 30 93-262
Date Certificate Number