


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90564 005 ***150.00

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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2. Principal Place of Business 427 Biltmore Way	3. Mailing Address 427 Biltmore Way
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Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
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City & State Coral Gables, Florida	City & State Coral Gables, Florida
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Zip 33134-5735	Country USA	Zip 33134-5735	Country USA
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04132005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2151675	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Robert F. DeLuca, M.D.
Street Address (P.O. Box Number is Not Acceptable) 427 Biltmore Way, Suite 201
City Coral Gables, FL
Zip Code 33134-5735

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PVT	<input type="checkbox"/> Delete
NAME DE LUCA, ROBERT F MD	
STREET ADDRESS 1536 VENERA AVENUE	
CITY-ST-ZIP CORAL GABLES, FL 33146	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert F. DeLuca, M.D.	
STREET ADDRESS 427 Biltmore Way	
CITY-ST-ZIP Coral Gables, Florida 33134-5735	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Robert F. DeLuca Date: 4/15/05 Daytime Phone #: 305 662-2620

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