2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State			
DOCUI	MENT # F84229				Secre	tary of	f State
1. Entity Nam							
PAUL E.	TOCCI, M.D., P.A.						
		<u> </u>					
Principal Place		Mailing Address		}			
	TH TERRACE #404 Dale, FL 33308	4800 NE 20TH TERRACE #4(FT. LAUDERDALE, FL 33308	04				
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_			<u> </u>	04252005	No Chg-P	CR2E034	(10/03)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb	per	т	Applied For
		96.5	32.00	59-21			Not Applicable
		AND THE SECOND S	Ellera Sierre Strawe Week	5. Certificat	e of Status Desired	□ \$8 Fee	3.75 Additional Required
	6. Name and Address of Current R	egistered Agent	· · · · · · · · · · · · · · · ·		· _ · ·		
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4800 N.E. 20TH TERRACE \$404 FT. LAUDERDALE, FL 33308					NOT W		
PI. LAUDI	ERDALE, FL 33308			IN '	THIS SF	PACE	
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8. The above	named entity submits this statement for	the purpose of changing its register	ered office or registe	red agent or h	oth, in the State of FI	orida Lam fam	illiar with and accen
the obligat	ions of registered agent.			agont or b		O1144. Call III.	mar mbi, ena accep
SIGNATURE_			<u> </u>		<u> </u>	<u> </u>	· · ·
-	Signature, typed or printed name of registered agent at	nd Live if applicable. (NOTE: Registe	red Agent signature require	d when reinstating)		DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be			
After M	ay 1, 2005 Fee will be \$550.0		a. ∐ Ade	ded to Fees			
10.	OFFICERS AND D	DIRECTORS					
TITLE NAME	PSTD TOCCI, PAUL E.			. 19			
STREET ADDRESS	1812 S.E. 9TH STREET	-	-		÷		. 1
CITY-ST-ZIP	FT. LAUDERDALE, FL			ene ritari il 11 🕳 da	number of the form to		ল প্ৰাক্তিক হোৱা
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STREET ADDRESS CITY+ST-ZIP			1				3 . K
TITLE				fare-farestally and objective	Sandan dalah Maria (1832) san san san	, भारता । च्या १९४८ है। व	, , , , , , , , , , , , , , , , , , , ,
NAME							
STREET ADDRESS			1	w. 4	gra-sa rakkanganggag	The Late T	, , , , , , , , , , , , , , , , , , , ,

12. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier/finity/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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date