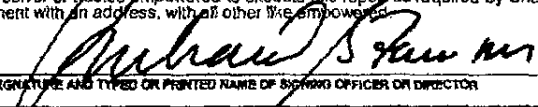


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G78885		
1. Entity Name FARO, MOTTA AND ANDERSON, M.D., P.A.		
Principal Place of Business 3370 BURNS ROAD SUITE 206 PALM BEACH GARDENS, FL 33410 US		Mailing Address 3370 BURNS ROAD SUITE 206 PALM BEACH GARDENS, FL 33410 US
 03032006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2356749		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FARO, RICHARD S. M.D. 3370 BURNS ROAD SUITE 206 PALM BEACH GARDENS, FL 33410		
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 terminating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	P FARO, RICHARD S.MD 3370 BURNS RD STE. 206 PALM BEACH G., FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOTTA,JOSEPH,MD 3370 BURNS RD, STE. 206 PALM BEACH G., FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON,ROBERT J.,MD 3370 BURNS RD, STE 206 PALM BEACH G., FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3/15/06 Date Daytime Phone #

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03/28/06-80043-004 150.00