





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90033 047 ***150.00

DOCUMENT # H76847 1. Entity Name LAWRENCE J. FORTUNA, M.D., P.A.					
Principal Place of Business C/O LAWRENCE J. FORTUNA 265 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308			Mailing Address C/O LAWRENCE J. FORTUNA 265 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308		
2. Principal Place of Business 718 EAST MCNAB Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Pompano Beach FLA.		City & State		4. FEI Number 59-2582401	
Zip 33060		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTUNA, LAWRENCE J. 265 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308				7. Name and Address of New Registered Agent Name LAWRENCE J Fortuna Street Address (P.O. Box Number is Not Acceptable) 718 EAST MCNAB Rd City Pompano Beach FL Zip Code 33060	
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 LAWRENCE J Fortuna  03.18.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTUNA, LAWRENCE J. 265 COMMERCIAL BLVD LAUDERDALE BY SEA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 P Fortuna, Lawrence J. 718 EAST MCNAB Rd Pompano Beach, FL 33060	<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
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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:  Lawrence J Fortuna			03.18.05 954-876-8945 <small>Date Daytime Phone #</small>		