


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # J80919 1. Entity Name MARIO O. LAPLUME, M.D., P.A.	
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Principal Place of Business 411S.W. 27 AVENUE SUITE 200 MIAMI FL 33135	Mailing Address P.O. BOX 402009 MIAMI BEACH FL 33140
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2827113	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROVIN, GARY B 3350 SOUTH DIXIE HIGHWAY MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input checked="" type="checkbox"/> P <input type="checkbox"/> Delete LAPLUME, MARIO O. M.D. STREET ADDRESS 1300 CORAL WAY, STE 202 CITY-ST-ZIP MIAMI FL 33145
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
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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04/07/05-80040-008 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE: Mario O. Laplume **MARIO O. LAPLUME** March 29th 2005 **(305) 460-2253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #