

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K48257

1. Entity Name  
DR. PHILLIP D. DECUBELLIS, P.A.



Principal Place of Business  
2828 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308 US

Mailing Address  
2828 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308 US

FILED  
06 APR 27 AM 11:14  
FLORIDA STATE  
ATTORNEY GENERAL



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0083317

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DECUBELLIS, PHILLIP D  
2828 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308-4206

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	DECUBELLIS, PHILLIP D
STREET ADDRESS	2828 E COMMERCIAL BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 333084206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100074149141  
05/08/06--01015--014 \*\*300.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Phillip D. Decubellis* *Phillip D. Decubellis* 4/21/06 (954) 980-8565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #