2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K73205

1. Entity Name
ROBERT A. BENEVENTO, D.C., P.A.

Principal Place of Business	Mailing Address
%ROBERT A. BENEVENTO 1240 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	%ROBERT A. BENEVENTO 1240 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

01302006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0118799	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENEVENTO, ROBERT A.
1240 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

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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 _____

<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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	H0H000422242 02/17/06-80009-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BENEVENTO, ROBERT A.
STREET ADDRESS	1240 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Robert A. Benevento_   2/3/06   954-755-9850

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>