

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K79270 1. Entity Name LOUIS R. GIUSTO, M.D., P.A.																																	
Principal Place of Business %LOUIS R. GIUSTO 5800 COLONIAL DR., #307 MARGATE, FL 33063	Mailing Address %LOUIS R. GIUSTO 5800 COLONIAL DR., #307 MARGATE, FL 33063																																
DO NOT WRITE IN THIS SPACE																																	
5. Name and Address of Current Registered Agent GIUSTO, LOUIS R. 19180 FOX LANDING DR. BOCA RATON, FL 33434																																	
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)</small> DATE _____																																	
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 <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>GIUSTO, LOUIS R.</td></tr><tr><td>STREET ADDRESS</td><td>19180 FOX LANDING DR.</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33434</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	GIUSTO, LOUIS R.	STREET ADDRESS	19180 FOX LANDING DR.	CITY-ST-ZIP	BOCA RATON, FL 33434	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		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 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 like empowered. SIGNATURE: <u><i>[Signature]</i></u> 2/26/06 954-9684400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0115778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000248683
03/02/05-80038-020 150.00

DO NOT WRITE
IN THIS SPACE