## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 08:00 AN Secretary of State

| AITITOAL ILLI OILI                                    |   |  |                                       | Secretary of St      |                             |   |
|---|---|--|---------------------------------------|----------------------|-----------------------------|---|
| DOCA  | MENT # K79270   |  |                                       |                      | . 50                        | cretary or St                           |
| 1. Entity Nam   |   |  |                                       |                      |                             |   |
| LOUIS R.  | GIUSTO, M.D., P.A.  |  |                                       |                      |                             |   |
|   |   |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | }                    |                             |   |
| Principal Place                                       | e of Business   | Mailing Address                              | - <del></del>                         | }                    |                             | •                                       |
| %LOUIS R. G   |   | %LOUIS R. GIUSTO                             |                                       |                      |                             | •                                       |
| i 5800 colon<br>Margate, fi                           | NAL DR., #204   | 5800 COLONIAL DR., #204<br>MARGATE, FL 33063 |                                       |                      |                             | •                                       |
| WANGATE, TE   |   |  |                                       |                      |                             |   |
|   |   |  | • 1                                   |                      | ICERO IONO NEW ROCK EEU COO | i Claid actu aigh clair blaidan is iath |
|   |   |  |                                       | 01072008             | No Chg-P                    | CR2E034 (11/05)                         |
| DO NOT WRITE IN THIS SPA                              |   |  | CE                                    | 4. FEI Numbe         |                             | Applied For                             |
| _   |   | ·  |                                       | 65-011               |                             | Not Applicable                          |
|   |   |  | ÷                                     | 5. Certificate       | of Status Desired           | \$8.75 Additional Fee Required          |
|   | 6. Name and Address of Current Re                         | gistered Agent                               | <u> </u>                              | <u> </u>             |                             | ree required                            |
|   |   |  | 1 .                                   |                      |                             | •                                       |
| GIUSTO, LOUIS R.<br>19180 FOX LANDING DR.             |   |  |                                       | DO                   | <b>NOT WR</b>               | RITE                                    |
| BOCA RATON, FL 33434                                  |   |  | ,                                     | INI "                | THIS SPA                    | CE                                      |
| 1   |   |  |                                       | HIN                  | I MIS SPA                   | ICE                                     |
| <b>!</b>  |   |  | 1.                                    | ,                    |                             |   |
|   | named entity submits this statement for the               | e purpose of changing its registe            | red office or registe                 | red agent, or bo     | th, in the State of Florida | a. I am familiar with, and accept       |
| the obligat   | tions of registered agent                                 |  |                                       |                      |                             | •                                       |
| SIGNATURE.  | Signature, typed or printed name of registered agent and  | title if applicable (NOTE Recipies           | ed Agent signature require            | nd when reinstating) |                             | DATE                                    |
|   | Signature, typed or primed taking or registered agent and | ille ii applicable (110 i c. i dgista        | od Agent off notor order o            |                      |                             |   |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina |   |  | ~ ~                                   | .00 May Be           |                             |   |
| After M   | ay 1, 2008 Fee will be \$550.00                           | Trust Fund Contribution                      | . LJ Ade                              | ded to Fees          |                             |   |
| 10.   | OFFICERS AND DI   | RECTORS                                      |                                       |                      |                             |   |
| TITLE   | D   |  | ·                                     |                      | U000000                     | 980501<br>90064-004 150.00              |
| NAME<br>STREET ADDRESS                                | GIUSTO, LOUIS R.<br>19180 FOX LANDING DR.                 |  |                                       |                      | 04/15/08-0                  | 30064-004 150.00                        |
| CITA-21-516   | BOCA RATON, FL 33434                                      |  |                                       |                      |                             |   |
| TITLE   |   | ······································       | 1                                     |                      |                             | •                                       |
| NAME  | }   |  |                                       |                      |                             |   |
| STREET ADDRESS  | 1   |  |                                       |                      |                             |   |
| CITY-ST-ZIP   |   |  | 4                                     |                      |                             |   |
| THE   |   |  | 1                                     |                      |                             | •                                       |
| NAME<br>STREET ADDRESS                                | 1   |  | 1                                     | <b>D A</b>           | MOT W                       | \: <b>-</b>                             |
| CITY-ST-ZIP   |   |  | 1                                     | DO                   | NOT WE                      | KIIE                                    |
| UITLE   |   |  |                                       | INI '                | TUIC CD/                    | \CE                                     |

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 prior like empowered.

SIGNATURE: \_

NAME
STREET ADDRESS
CITY-S1-ZIP

ITILE
NAME
STREET ADDRESS
CITY-S1-ZIP

ITILE
NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #