


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02015**  
 1. Entity Name  
**ROBERTO J. CALDERON, M.D., P.A.**



Principal Place of Business      Mailing Address  
 % ROBERTO J. CALDERON, M.D.  
 12095 SW 49 ST  
 MIAMI, FL 33175      % ROBERTO J. CALDERON, M.D.  
 12095 SW 49 ST  
 MIAMI, FL 33175



01122006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2417543</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CALDERON, ROBERTO J., M.D.  
 12095 SW 49 ST  
 MIAMI, FL 33165

**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 \_\_\_\_\_ (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

1100000402424  
 02/03/06-90007-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALDERON, ROBERTO J., MD 12095 SW 49 ST MIAMI, FL
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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:** *Roberto Calderon*      **1-20-06**      **505 227-5566**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #