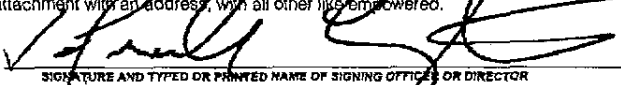


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M24097		
1. Entity Name FRANK J. LOMAGISTRO, M. D., P.A.		
Principal Place of Business 1414 SE THIRD AVENUE SUITE #1 FT. LAUDERDALE, FL 33316	Mailing Address 1414 SE THIRD AVENUE SUITE #1 FT. LAUDERDALE, FL 33316	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRADY, FRANK R BRADY & BRADY PA 370 CAMINO GARDENS BLVD, STE 341 BOCA RATON, FL 33432		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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOMAGISTRO, M.D., FRANK J. 1414 SE THIRD AVENUE SUITE #1 FT. LAUDERDALE, FL 33316	
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		
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 807, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/29/06 Day/Time Phone #



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2625441	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U00000551029
05/13/06-80084-003 150.00