


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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	



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2625441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1000000903072
04/30/08 00031 023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMAGISTRO, M.D., FRANK J. 1414 SE THIRD AVENUE SUITE #1 FT. LAUDERDALE, FL 33316
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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:  DATE: 4/10/08 954-522-2190