


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M56078
 1. Entity Name
BARBARA M. MUINA M.D. P.A.



Principal Place of Business Mailing Address
9195 SUNSET DR, SUITE 210 **9195 SUNSET DR, SUITE 210**
MIAMI, FL 33173-3488 **MIAMI, FL 33173-3488**

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FCI Number Applied For
59-2830201 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
MUINA, BARBARA M., M.D.
9195 SUNSET DR.
SUITE 210
MIAMI, FL 33173

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). **NOTE:** Registered Agent signature required when rechartering. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PST MUINA, BARBARA M. 9195 SUNSET DR. SUITE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY ST ZIP	D MUINA, BARBARA M. 9195 SUNSET DRIVE, STE 210 MIAMI, FL 331733488
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U00000299597
 04/11/05-80116-003 8.75

U00000299597
 04/11/05-80116-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Barbara M. Muina Barbara M. Muina 3/30/05 305/271-9065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #