


**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # M72780 1. Entity Name MICHAEL P. BUSTIN, M.D., P.A.	
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Principal Place of Business 1321 NW 14TH ST #202 MIAMI, FL 33125	Mailing Address 1321 NW 14TH ST #202 MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0036675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTIN, MICHAEL P MD
12750 RED RD
CORAL GABLES, FL 33156

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSTIN, MICHAEL P MD 1321 NW 14TH ST #202 MIAMI, FL 33125
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IN THIS SPACE**

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: Michael P. Bustin 1/19/7 305 545-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #