

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99303

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** JULIE FORMOSO - ONOFRIO, M.D. AND FRANK ONOFRIO, M.D., P.A.

**Current Principal Place of Business:**

2925 TENTH AVE. NORTH  
SUITE 106  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

11117 REGATTA LANE  
WELLINGTON, FL 33467

**Current Mailing Address:**

11117 REGATTA LANE  
WELLINGTON, FL 33467

**New Mailing Address:**

**FEI Number:** 65-0070373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORMOSO-ONOFRIO, JULIE M.D.  
11117 REGATTA LANE  
WELLINGTON, FL 33467      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FORMOSO-ONO, JULIE M. .D.  
Address: 11117 REGATTA LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: D ( ) Delete  
Name: ONOFRID, FRANK S, JR, MD  
Address: 11117 REGATTA LANE  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FORMOSO-ONOFRIO, JUL, IE M.D.  
Address: 11117 REGATTA LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: D (X) Change ( ) Addition  
Name: ONOFRIO, FRANK S, JR, MD  
Address: 11117 REGATTA LANE  
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK S ONOFRIO JR, MD

D

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date