

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 041 ***158.75

DOCUMENT # P00000002029

1. Entity Name
ROXANA DAMIAN, M.D., P.A.



Principal Place of Business
**3355 BURNS ROAD, #305
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3355 BURNS ROAD, #305
PALM BEACH GARDENS, FL 33410**

50061960



08052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972640

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAMIAN, ROXANA Z
3355 BURNS ROAD, #305
PALM BEACH GARDENS, FL 33410**

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | DAMIAN, ROXANA |
| STREET ADDRESS | 3355 BURNS ROAD, #305 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/15/05-80084-00115875

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 I am empowered.

SIGNATURE: Roxana Damian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/05 (561)7997929

Date

Daytime Phone #

ATTACHMENT

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

50061960
#P00000002029

To Whom It May Concern:

Our office has filed a "2005 FOR PROFIT CORPORATION ANNUAL REPORT" and mailed it along with a \$150 check to your office on 04/20/05, before the 05/01/05 deadline. We have used a US POSTAL SERVICE CERTIFIED MAIL. Recently, we have received a letter from your office stating a non payment of the regular \$150 fees and an additional late charge fee of \$400.

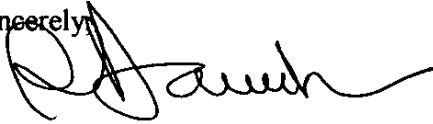
Following a phone discussion with one of your Examiners on 08/08/05, please receive this request for a waiver of the \$400 penalty fee. We attach the copy of the CERTIFIED MAIL RECEIPT issued by the US Postal Office on 04/20/05 when we have sent the first check and report.

Also please find a new copy of the "2005 FOR PROFIT CORPORATION ANNUAL REPORT", and a check in the value of \$158.75 representing the regular \$150 fee and the \$8.75 for a certificate of status.

We look forward to receive the waiver and resolve this issue as soon as possible. In the mean time, should you have any request for additional documents or information please call our office.

Thank you for your attention to the subject matter.

Sincerely,



Roxana Damian, M.D.

3355 Burns Road, Suite #305
Palm Beach Gardens, FL 33410
Phone: (561) 799 - 7929
Fax: (561) 799 - 6116

08/08/05

ATTACHMENT

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7004 2510 0003 0835 3571

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

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For delivery information visit our website at www.usps.com

OFFICIAL USE
TALLAHASSEE FL 32314

| | |
|---|-----------|
| Postage | \$ \$0.37 |
| Certified Fee | \$2.30 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$ \$2.67 |

SOUTH BURG STA 33400
0107 APR 20 2005
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8880-8808
04/20/2005

Sent To: DIVISION OF Corporations
Street, Apt. No. or PO Box No. P.O. Box 6198
City, State, ZIP+4 Tallahassee, FL 32314

PS Form 3800, June 2002 See Reverse for Instructions