2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000012128

1. Entity Name
CARLOS LAROCCA, M.D., P.A.

Principal Place of Business	Mailing Address
11130 N. KENDALL DR.	11130 N. KENDALL DR.
SUITE 200	SUITE 200
MIAMI, FL 33176	MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0542768	Not Applicable

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

6. Name and Address of Current Registered Agent

LAROCCA, CARLOS M MD
11130 N. KENDALL DR.
SUITE 200
MIAMI, FL 33176

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 2/7/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAROCCA, CARLOS M MD
STREET ADDRESS	11130 N. KENDALL DR. #200
CITY-ST-ZIP	MIAMI, FL 33176

U0000231555
02/16/05-80034-017 150.00

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CITY-ST-ZIP	

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CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _____   2/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #