


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000093550**

1. Entity Name  
**AVENTURA PODIATRY ASSOCIATES, P.A.**



Principal Place of Business      Mailing Address

**20295 N.E. 29TH PLACE**      **20295 N.E. 29TH PLACE**  
**3RD FLOOR**      **3RD FLOOR**  
**AVENTURA, FL 33180**      **AVENTURA, FL 33180**



02162006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For

**05-0528694**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TSUI, MARIA DR.**  
**20295 N.E. 29TH PLACE**  
**3RD FLOOR**  
**AVENTURA, FL 33180**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TSUI, MARIA DR.
STREET ADDRESS	20295 N.E. 29TH PLACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000502148  
 04/25/06-80092-004 150.00

**DO NOT WRITE 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: *Maria Tsui*      Date: *4/7/06*      Daytime Phone #: *3054662778*

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