


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000117208	
1. Entity Name ROBERT CICCIA-MACLEAN, M.D., P.A.	


Principal Place of Business 4300 ALTON ROAD SUITE 207 MIAMI BEACH, FL 33140	Mailing Address 4300 ALTON ROAD SUITE 207 MIAMI BEACH, FL 33140
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FILED

05 SEP 19 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0532975	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

CICCIA-MACLEAN, ROBERT  
4300 ALTON ROAD  
SUITE 207  
MIAMI BEACH, FL 33140

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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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICCIA-MACLEAN, ROBERT MD 4300 ALTON ROAD, SUITE 207 MIAMI BEACH, FL 33140
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09/19/05--01058--005 \*\*150.00

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: Robert Ciccio-Maclean 9/17/05 JAS-20-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3326