


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000124771
 1. Entity Name
 OSCAR W. FARRONAY, M.D., P.A.



Principal Place of Business 5210 LINTON BLVD 204 DELRAY BEACH, FL 33484	Mailing Address 5210 LINTON BLVD 204 DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0755204	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MIQUEL, ALBERTO
 1695 FLORIDA MANGO RD
 SUITE 3
 WEST PALM BEACH, FL 33406

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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

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 NAME STREET ADDRESS CITY - ST - ZIP	D FARRONAY, OSCAR W 5210 LINTON BLVD, SUITE 204 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A FARRONAY, MARICELA 5210 LINTON BLVD #204 DELRAY BEACH, FL 33484
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 04/25/05-80030-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  OSCAR W. FARRONAY 4/1/5 (561) 6383839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #