

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000112349

1. Entity Name  
METTA OF CORAL GABLES, INC.



Principal Place of Business  
275 HAMPTON LANE  
KEY BISCAVNE, FL 33149-1223

Mailing Address  
275 HAMPTON LANE  
KEY BISCAVNE, FL 33149-1223

FILED

06 MAY -1 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-1591752

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, HARLESTON R  
275 HAMPTON LANE  
KEY BISCAVNE, FL 33149-1223

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 obligation 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, 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 ~~DAUPHINOT, DEREK P~~  
STREET ADDRESS 640 JOHN CHURCHILL CHASE STRET PENTHOUSE 5  
CITY - ST - ZIP NEW ORLEANS, LA 70130

TITLE VP  
NAME BAUER, MICHAEL P  
STREET ADDRESS 304 YACHT HARBOR DRIVE  
CITY - ST - ZIP OSPREY, FL 34229

TITLE VPS *PRESIDENT, SECRETARY*  
NAME PIPER, W. SCOTT III  
STREET ADDRESS 225 LEVCADENDRA DRIVE  
CITY - ST - ZIP CORAL GABLES, FL 33156

TITLE T  
NAME ~~PIPER, DAUPHINOT D~~  
STREET ADDRESS 610 JOHN CHURCHILL CHASE ST PENTHOUSE 5  
CITY - ST - ZIP NEW ORLEANS, LA 70130

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

900075015309  
05/22/06--01003--012 \*\*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:

*W. Scott Piper III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/06*

Date

*305-361-7094*

Daytime Phone #