

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90001 034 ***150.00

DOCUMENT # P05000139677 1. Entity Name MARIANA MARTINASEVIC MD. PA					
Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE #307 FT LAUDERDALE, FL 33304			Mailing Address 915 MIDDLE RIVER DRIVE SUITE #307 FT LAUDERDALE, FL 33304		
2. Principal Place of Business 6245 N. Federal Hwy Suite, Apt. #, etc. 201		3. Mailing Address 6245 N. Federal Hwy Suite, Apt. #, etc. 201			
City & State FT Lauderdale FL		City & State FT Lauderdale FL		4. FEI Number 20-3654329	
Zip 33308 Country USA		Zip 33308 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINASEVIC, MARIANA 915 MIDDLE RIVER DRIVE 307 FT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINASEVIC, MARIANA 915 MIDDLE RIVER DRIVE SUITE 307 FT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 6-2-06 Daytime Phone # _____					