


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90002 029 ***150.00

DOCUMENT # P95000067151			
1. Entity Name JORGE F. NETTO, M.D., P.A.			
Principal Place of Business 351 NW LE JEUNE ROAD SUITE 405 MIAMI FL 33126 US		Mailing Address 5441 SW 144TH AVENUE MIAMI FL 33175 US	
2. Principal Place of Business 351 NW Le Jeune Road		3. Mailing Address	
Suite, Apt. #, etc. 409		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33126	Country U.S.	Zip	Country
6. Name and Address of Current Registered Agent NETTO, M.D. JORGE F. 5441 SW 144 AVENUE MIAMI FL 33175		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 _____ (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NETTO, JORGE F M.D. 5441 SOUTHWEST 144 AVENUE MIAMI FL 33175 <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 Section 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge F Netto M.D.

2-9-06

Date

305-642448

Daytime Phone #