



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000067855 1. Entity Name RODOLFO DUMENIGO, M.D., P.A.						FILED 06 MAR 28 PM 2:30 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145		02112006		Chg-P		CR2E034 (11/05)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0603933		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip	
Country		Country		Zip		Country		City	
8. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145					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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	P	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUMENIGO, RODOLFO MD			NAME	800069395678				
STREET ADDRESS	5780 S.W. 59TH COURT			STREET ADDRESS	04/04/06--01028--022 **158.75				
CITY-ST-ZIP	MIAMI, FL 331432276			CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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NAME				NAME					
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CITY-ST-ZIP				CITY-ST-ZIP					
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NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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: <i>[Signature]</i>					Date: 2-18-06		Daytime Phone #: 305-856-0056		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> RODOLFO DUMENIGO MD									