

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000069384

1. Entity Name
CLINICAL GENETICS ASSOCIATES, M.D., P.A.



Principal Place of Business:
3100 SW 62ND AVE 1 FLOOR
MIAMI, FL 33155 US

Mailing Address
3100 SW 62ND AVE 1 FLOOR
MIAMI, FL 33155 US

**FILED
Mar 26, 2005 08:00 AM
Secretary of State**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0607086	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MISLEN, BAUER
3100 SW 62 AVE
1 FLOOR
MIAMI, FL 33155

**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 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: PST
NAME: JAYAKAR, PARUL B
STREET ADDRESS: 3100 SW 62 AVE 1 FLOOR
CITY-ST-ZIP: MIAMI, FL 33155

U00000277428
03/26/05-00028-019 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE: S
NAME: MISLEN, BAUER
STREET ADDRESS: 3100 SW 62 AVE 1 FLOOR
CITY-ST-ZIP: MIAMI, FL 33155

TITLE:
NAME:
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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)(l), 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

3-11-05 (305) 663-8595

Date

Daytime Phone #