


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AT
Secretary of State

DOCUMENT # P95000079929 1. Entity Name NILDA R. ACOSTA, M.D., P.A.	
--	---

Principal Place of Business 1235 N KROME AVE HOMESTEAD, FL 33030 US	Mailing Address 1235 N KROME AVE HOMESTEAD, FL 33030 US
---	---

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0619943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ACOSTA, NILDA R 1235 N KROME AVE HOMESTEAD, FL 33030

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: <i>[Signature]</i> PRES. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE

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	1100000519992 05/02/06-80075-022 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NILDA R 22455 SW 182 AVE MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date: 4/24/06 Daytime Phone #