

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000000624

1. Entity Name  
CRESCIMANO & PINTAURO ASSOCIATES, P.A.



Principal Place of Business  
5601 N. DIXIE HIGHWAY  
SUITE 320  
FT. LAUDERDALE, FL 33334

Mailing Address  
5601 N. DIXIE HIGHWAY  
SUITE 320  
FT. LAUDERDALE, FL 33334



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0630476

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHASE, ALAN R  
9400 S. DADELAND BLVD.  
SUITE 600  
MIAMI, FL 33156

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 D  
NAME CRESCIMANO, LESLIE A  
STREET ADDRESS 5601 N. DIXIE HWY, SUITE 320  
CITY - ST - ZIP FT LAUDERDALE, FL 33334

TITLE D  
NAME PINTAURO, WILLIAM L  
STREET ADDRESS 5601 N. DIXIE HWY SUITE 320  
CITY - ST - ZIP FT LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/25/05-80057-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Leslie A. Crescimano MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

954-491-0030

Daytime Phone #