

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030323

FILED
Apr 24, 2005
Secretary of State

Entity Name: TRAUMA AND CRITICAL CARE ASSOCIATES, P.A.

Current Principal Place of Business:

1600 SOUTH AVDREWS AVE
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

PO BOX 480159
FORT LAUDERDALE, FL 33348

New Mailing Address:

FEI Number: 65-0677844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: PUENTE, IVAN M.D.
Address: 1304 SEMINOLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN PUENTE, MD

PRES

04/24/2005

Electronic Signature of Signing Officer or Director

Date