2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000068937 1. Entity Name FREDDY AVNI, M.D., P.A.

Principal Place of Business Mailing Address

1395 S. STATE RD. 7 1395 S. STATE RD. 7 SUITE 420 SUITE 420

SUITE 420 SUITE 420 WELLINGTON, FL 33414 US

FILED Jan 19, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

AVNI, FREDDY M.D. 1100 BEAR ISLAND DRIVE WEST PALM BEACH, FL 33409

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 aignature required when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OPFICERS AND DIREC	CTORS	<u> </u>	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR AVNI, FREDDY M.D. 2194 ALLEN CREEK ROAD WEST PALM BEACH, FL 33411			000000185206 01/21/05-80003-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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				

122. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Forida Statutes. I further certary that the information indicated on this report or suppliemental 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:

Y. Lalan-An

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