

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000073034

1. Entity Name
JOSEFINA F. TUR, MD, P.A.



Principal Place of Business 4100 NW 9 ST. #100 MIAMI, FL 33126	Mailing Address 4100 NW 9 ST. #100 MIAMI, FL 33126
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0694284	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

**TUR, JOSEFINA F
 4100 NW 9 ST. #100
 MIAMI, FL 33126**

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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 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**

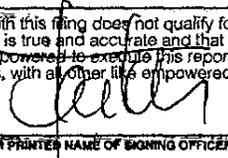
10. OFFICERS AND DIRECTORS

TITLE D	TUR, JOSEFINA F 4100 NW 9 ST. #100 MIAMI, FL 33126
TITLE PVST	TUR, JOSEFINA F 4100 NW 9 ST. #100 MIAMI, FL 33126
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

000000365136
 05/09/05-80025-010 150.00

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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)(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: X  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #