2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 21, 2005 08:00 A		
DOCUI	MENT # P97000012			Secre	tary of State	
	O PINIELĪA M.D., P.A.	_				
	e of Business H STREEET, STE 307 3125 US	Mailing Address 248 NAVARRE DRIVE MIAMI SPRINGS, FL 33166-58	318 US		 IJ 1910 DJU, DSD 5000 JJU 5000	
DO NOT WRITE IN THIS SPACE			CE	04082005	No Chg-P C	R2E034 (10/03)
			-	65-072		Not Applicable
	6. Name and Address of Current	Registered Agent	 	<u> </u>		ree nequiled
PINIELLA, ALFREDO 248 NAVARRE DRIVE MIAMI SPRINGS, FL_33166					NOT WRI	
the obligat	named entity submits this statement for ions of registered agent.	The purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Florida	I am familiar with, and accept
SIGNATURE_	Signature typed or printed riams of registered agent s	rid title if applicable (NOTE Pegistere	ed Agent signature required	d when réinstating i	Ţ	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.(Selection Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees	U00000321 04721705-808	1734 188-025 150.00
10.	OFFICERS AND	DIRECTORS	_	· <u>-</u>	•	
NAME STREET ADDRESS GITY ST ZIP	D PINIELLA, ALFREDO 248 NAVARRE DRIVE MIAMI SPRINGS, FL 331665818				÷	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP						· .
FITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WR	ITE
TIFLE NAME STREET ADDRESS CHY-S1-ZIP				IN	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					•	
TH'LE NAME						· 4.

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 of 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:

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

605) 863-0960