## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # P9700045246  1. Entity Name RODOLFO E. ALDIR, M.D., P.A.				01-23-2006 90057 016 ***150.00	
Principal Plac	e of Business	Mailing Address		60005554	
8143 BELSH		8143 BELSHIRE DR.		0000001	
ORLANDO, FI		ORLANDO, FL 32835			
2 Principal D	lace of Business	3. Mailing Address			
3129	BUTIER BAT DR. N.	31~9 BUTLEN	LAY DA N.		
Suite, Apt.		Suite, Apt. #, etc.	BIN PIST IN	04040000 Ob., B OD0E004 (44/05)	
				01042006 Chg-P CR2E034 (11/05)	
City & Stat		City & State		4. FEI Number Applied For	_
Zip	DEAMENE FL Country	Zip	Country	59-3451752   Not Applicable	e
347	86 OFANGE	2478L	a ranc€	5. Certificate of Status Desired S8.75 Additional Fee Required	- 1
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
			Name		
ALDIR, RO			Street Address	ss (P.O. Box Number is Not Acceptable)	
8143 BELS	), FL 32835		3		
0112 1110	7,12 32333			•	
			City	FL Zip Code	
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	tions of registered agent	the purpose of changing its re	agistered office of regis	stered agent, or both, in the State of Florida. If an Hanniar with, and accep	3L
_	their -				
SIGNATURE.	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE i	Registered Agent signature requ	uired when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees	
		Trust Fund Contrit			
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contrit	oution. $\square$ A	Added to Fees	)Л
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Ans use and accurate and matiny signature shall have the same legal effect as it made under oath; that I am an officer or director hopowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if s, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ROSSICRO E. ALG. P. 1-16-01 YO7 846-0626

Date Daytima Phone &