

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90057 016 ***150.00

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01042006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000045246					
1. Entity Name RODOLFO E. ALDIR, M.D., P.A.					
Principal Place of Business 8143 BELSHIRE DR. ORLANDO, FL 32835			Mailing Address 8143 BELSHIRE DR. ORLANDO, FL 32835		
2. Principal Place of Business <u>3129 BUTLER BAY DR. N.</u> Suite, Apt. #, etc.		3. Mailing Address <u>3129 BUTLER BAY DR. N.</u> Suite, Apt. #, etc.			
City & State <u>WINDERMERE FL</u>		City & State <u>WINDERMERE FL</u>		4. FEI Number <u>59-3451752</u>	
Zip <u>34786</u>		Country <u>ORANGE</u>		Applied For Not Applicable	
Zip <u>34786</u>		Country <u>ORANGE</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDIR, RODOLFO E 8143 BELSHIRE DR ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3129 BUTLER BAY DRIVE NORTH</u> City <u>WINDERMERE FL</u> Zip Code <u>34786</u>		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDIR, RODOLFO E 8143 BELSHIRE DR. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>3129 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: <u>1-16-06</u> Daytime Phone #: <u>407 846-0626</u>					