

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069788

FILED
Jan 07, 2006
Secretary of State

Entity Name: RAFAEL ANTUN, M.D., P.A.

Current Principal Place of Business:

1321 N.W. 14TH STREET
SUITE 303
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1321 N.W. 14TH STREET
SUITE 303
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0773432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANUNZI, MARIA
1321 N.W. 14TH STREET
SUITE 303
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

ANTUN, RAFAEL M.D.
1321 N.W. 14TH STREET
SUITE 303
MIAMI, FL 33125 US

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.

SIGNATURE: RAFAEL ANTUN, M.D.

01/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANTUN, RAFAEL M.D.
Address: 9355 S.W. 93RD PLACE
City-St-Zip: MIAMI, FL 33176

Title: ST () Delete
Name: ANTUN, MAYDA C MD
Address: 9355 SW 93RD PL
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: ANTUN, RAFAEL A
Address: 9355 SW 93RD PL
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ANTUN, JACQUELINE M
Address: 9355 SW 93RD PL
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYDA C. ANTUN, M.D.

ST

01/07/2006

Electronic Signature of Signing Officer or Director

Date