

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000090697

1. Entity Name
ANTONIA E. RUAIX M.D. P.A.



Principal Place of Business
**330 S.W. 27TH AVENUE #604
MIAMI, FL 33135**

Mailing Address
**330 S.W. 27TH AVENUE #604
MIAMI, FL 33135**



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0791313

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUAIX, ANTONIA E M.D.
330 S.W. 27TH AVENUE #604
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUAIX, ANTONIA E M.D.
STREET ADDRESS	330 S.W. 27TH AVENUE #604
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80091-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Antonina E. Ruaix MD 4/22/06 (305) 6420332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #