2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000092524

1. Entity Name
MARIO MAGCALAS, M.D., P.A.



Principal Place of Business

7100 W. 20TH AVENUE

#504

HIALEAH, FL 33016

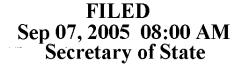
Mailing Address

7100 W. 20TH AVENUE

#504

DO NOT WRITE IN THIS SPACE

HIALEAH, FL 33016





07052005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0793259

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANAGOS, PAUL J CPA 2721 EXECUTIVE PARK DR

SIGNATURE:

SIGNATURE AND TYPED OR

DO NOT WRITE

WESTON, FL 33331			IN THIS SPACE			
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			d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Finan- Trust Fund Contribution.			ncing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS	1			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D MAGCALAS, MARIO MD 12601 N STONEBROOK CIRCLE DAVIE, FL 33330			Ungagos 7 78 70		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					39/07/05-80004-014 550.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			. <u>-</u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY -ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify or 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 or the receiver or trusteelempowered 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 addless, will all other (indempowered.						

SIGNING OFFICER OR DIRECTOR