

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000104111 1. Entity Name JAMES A. VOGLINO M.D., P.A.	
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Principal Place of Business 6280 SUNSET DRIVE SUITE 503 MIAMI, FL 33143	Mailing Address 6280 SUNSET DRIVE SUITE 503 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0880587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

VOGLINO, JAMES MD
60 EDGEWATER DR 1602-TOWER 2
CORAL GABLES, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

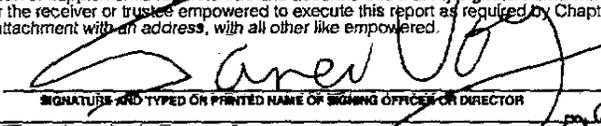
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VOGLINO, JAMES A MD 60 EDGEWATER DR., 1602-TOWER 2 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000340498
04/28/05-80122-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  (4/18/05) 305-996-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #