


**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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

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

6. 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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS VOGLINO, JAMES A MD 60 EDGEWATER DR., 1602-TOWER 2 CORAL GABLES, FL 33133 |
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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) 305-596-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR me, President Date Daytime Phone #