


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 022 ***150.00

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



05122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0880587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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
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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:  **5/31/06** 205-596-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



James Voglino, M.D.

ORTHOPAEDIC SURGEON
SPORTS MEDICINE

ATTACHMENT

50020029
#P98000104111

May 18, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

Dear Department of State:

I have enclosed my 2006 Annual Report. Unfortunately, I never received the post card reminder. Please accept my check for \$150.00. If that amount is incorrect, please let my office know. 305-596-3707

Thank you for your consideration.

Sincerely,

James A. Voglino, M.D.