

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90088 001 ***150.00

DOCUMENT # P99000047365 1. Entity Name VICTOR A. POLITANO, M.D., P.A.					
Principal Place of Business 1321 NW 14TH STREET WEST BUILDING SUITE 303 MIAMI, FL 33125			Mailing Address 1321 NW 14TH STREET WEST BUILDING SUITE 303 MIAMI, FL 33125		
2. Principal Place of Business 13055 Biscayne Bay Drive		3. Mailing Address 13055 Biscayne Bay Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05022005 Chg-P CR2E034 (10/03)	
City & State North Miami, FL		City & State North Miami, FL		4. FEI Number 65-0929144	
33181 Country USA		33181 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLITANO, VICTOR A MD 1321 NW 14TH STREET WEST BUILDING SUITE 303 MIAMI, FL 33125				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13055 Biscayne Bay Drive North Miami FL 33181	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLITANO, VICTOR A MD ☐ Delete 1321 NW 14TH STREET MIAMI, FL 33125			TITLE NAME STREET ADDRESS CITY-ST-ZIP	13055 Biscayne Bay Drive North Miami, FL 33181 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(SX), 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: <u>Victor A. Politano, M.D., P.A.</u> 5/02/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					