


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # S38158
 1. Entity Name
VINCENT C. CHIN, M.D., P.A.



Principal Place of Business
19411 NW 2ND AVE.
MIAMI, FL 33169-3314

Mailing Address
19411 NW 2ND AVE.
MIAMI, FL 33169-3314

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0262985 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOBER, JOHN E.
1 SE 3RD AVE.
SUITE 1440
MIAMI, FL 33131

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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, 2006 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	PTD CHIN, VINCENT C., M.D. 19411 NW 2ND AVE. MIAMI, FL
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 03/20/06-80003-012 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *V. Chin* **VINCENT CHIN** 3/2/06 305 653-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #