2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # S48075 1. Entity Name ROBERTO TUCHMAN, M.D., P.A. Principal Place of Business Mailing Address 2900 S. COMMERCE PACKWAY 3200 S.W. 60TH COURT WESTON, FL 33331 SUITE 302 MIAMI, FL 33155 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0258401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORMAN, ROBERT ESQ. DO NOT WRITE 2101 W. COMMERCIAL BLVD **SUITE 4100** IN THIS SPACE FORT LAUDERDALE, FL 33309 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botti, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TUCHMAN, ROBERTO NAME STREET ADDRESS 3200 SW_60TH COURT SUITE 302 CITY-ST-ZIP MIAMI, FL 1100000342566 N4/29/05-80060-013 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is flue 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 fluster employered 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 within address twith all other like empowered.

SIGNATURE: ____

STREET ADDRESS

GNATURE AND TYPED OR RELUTED NAME OF SIGNING OFFICER OR DIRECTO

Roberto F. Tuchnew, MD 4/24/05 (186)268-1781

FILED