## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # V42398 01-29-2004 90096 018 \*\*\*150.00 1. Entity Name FRANK P. CATINELLA, M.D., P.A. Principal Place of Business Mailing Address 5601 N DIXIE HIGHWAY 5601 N DIXIE HIGHWAY #209 #209 FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334 01152004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0341168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, JAMES B DO NOT WRITE 100 NÉ 3RD AVENUE SUITE 400 IN THIS SPACE FT LAUDERDALE, FL 33301 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CATINELLA, FRANK P NAME STREET ADDRESS 5601 N DIXIE HWY #214 FT LAUDERDALE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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

STREET ADDRESS CITY-ST-ZIP

**FILED**