

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 461888
 1. Entity Name
FRANCISCO A. PRADO M.D., P.A.

Principal Place of Business Mailing Address
3883 BISCAYNE BLVD. **3883 BISCAYNE BLVD.**
MIAMI, FL 33137 **MIAMI, FL 33137**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1567149 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PRADO, ALESSANDRA
8350 SUNSET DR.
MIAMI, FL 33143

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: *Francisco A. Prado* DATE: 4/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	PD PRADO, FRANCISCO A 8350 SUNSET DRIVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRADO, ALESSANDRA 8350 SUNSET DRIVE MIAMI, FL 33143
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 04/11/05-80075-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Francisco A. Prado* **Francisco A. Prado M.D., P.A.** DATE: 4/4/05 CAYMAN PHONE #: 305-573-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #