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Secretary of State


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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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66431186



DOCUMENT # 542836			
1. Entity Name ECHENIQUE, PADRON, AND ESPOSITO, M.D.S., P.A.			
Principal Place of Business 2931 CORAL WAY MIAMI, FL 33145		Mailing Address 2931 CORAL WAY MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1754966		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SACHER, CHARLES P 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ECHENIQUE, JORGE E. 2931 CORAL WAY MIAMI, FL	TITLE	T 33145
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP PADRON, MANUEL R. 2931 CORAL WAY MIAMI, FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	S Esposito, Joseph 2931-Coral Way Miami, FL 33145
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 with an address, with all other like empowered.			
SIGNATURE: _____		_____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Attachment 66431186

SACHER, MARTINI & SACHER, P.A.

#542836

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

Telephone: 305/448-3900 • Facsimile: 305/446-9206

Charles P. Sacher
Gregory T. Martini
Charles S. Sacher

Nancy A. Richman
OF COUNSEL
Martin E. Segal, P.A.

July 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Echenique, Padron and Esposito, M.D.s, P.A.
Our File No. 9003

Dear Sir or Madam:

I write in my capacity as registered agent for the above-referenced P.A. In this regard, I am in receipt of your notice of a balance due for a late filing fee regarding the profit annual report/uniform business report.

Enclosed please find my Affidavit regarding the non-receipt of the original package. Based on this Affidavit, I hope that you will be able to waive the penalty and accept the profit annual report/uniform business report and the filing fee of \$150.00.

If you have any questions, please contact the undersigned.

Thank you for your attention to this matter.

Sincerely,



Charles P. Sacher

CPS/wh

Enclosure

cc: Jorge Echenique, M.D.

