
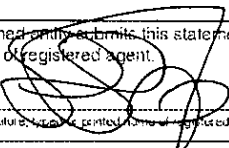
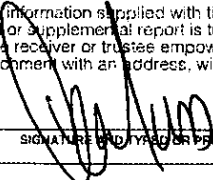


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90280 048 ***150.00

DOCUMENT # 676678			
1. Entry Name REYES AND REYES, M.D., P.A.			
Principal Place of Business 3700 WASHINGTON STREET #403 HOLLYWOOD, FL 33021		Mailing Address 3700 WASHINGTON STREET #403 HOLLYWOOD, FL 33021	
2. Principal Place of Business 3700 WASHINGTON ST. #404 Suite, Apt. #, etc.		3. Mailing Address 3700 WASHINGTON ST. #404 Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021		Country	
Zip 33021		Country	
4. FEI Number 59-2018293		Applied For No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGLES, NEREIDA 1040 CITY NATIONAL BANK BLDG. MIAMI, FL		7. Name and Address of New Registered Agent Name: <u>AVUSTIN A. FRYE.</u> Street Address (P.O. Box Number is Not Acceptable): <u>20900 W. DIXIE HIGHWAY</u> City: <u>AVENTURA</u> FL <u>33180</u>	
8. The above named party 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: <u>4/26/04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 THIS YEAR	
TITLE: DP NAME: REYES, DR. AURELIO R. STREET ADDRESS: 3700 WASHINGTON ST. #403 CITY-ST-ZIP: HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE: DP NAME: Reyes, Dr. Aurelio R. STREET ADDRESS: 3700 Washington St. #404 CITY-ST-ZIP: Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: SP NAME: Reyes, Rene A., M.D. STREET ADDRESS: 3700 Washington St. #404 CITY-ST-ZIP: Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <u>RENE A. REYES, M.D.</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #: <u>954-983-3233</u>	