

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F23975
 1. Entity Name
 WILFREDO S. & MARTA E. ALVAREZ, M.D., P.A.



Principal Place of Business
 3070 W 12TH AVENUE
 HIALEAH, FL 33012-4836

Mailing Address
 3070 W 12TH AVENUE
 HIALEAH, FL 33012-4836

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2080929 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ALVAREZ, WILFREDO S. MD
 3070 W 12TH AVENUE
 HIALEAH, FL 33012-4836

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PSD ALVAREZ, WILFREDO S. MD 3070 W 12TH AVENUE HIALEAH, FL 330124836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALVAREZ, MARTA E. MD 3070 W 12TH AVENUE HIALEAH, FL 330124836
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 01/28/04-80041-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Wilfredo S. Alvarez MD Date: 1/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #