2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M82307 1. Entity Name

DONATO J. ARGUELLES M.D. P.A.

Principal Place of Business

2733 PONCE DE LEON BLVD CORAL GABLES, FL 33134 Mailing Address

2733 PONCE DE LEON BLVD CORAL GABLES, FL 33134

FILED Apr 26, 2004 08:00 AM Secretary of State



03112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0048002 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CADENAS, RICARDO A. 48 N.E. 15 STREET HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

HOMESTEAD, FL 33030			IN THIS SPACE	
8. The above the obligati	named entity submits this statement for the plons of registered agent.	urpose of changing its registered offic	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and like it	applicable. (NOTE Registered Agent's	ignature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS .		
TITLE NAME STREET AOORESS CITY-ST-ZIP	D ARGUELLES, DONATO J. 565 REINANTE AVE CORAL GABLES, FL			
TITLE NAME STREET ADORESS CITY-ST-ZIP				U00000132803 04/27/04-80061-021 150.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	IN	THIS SPACE
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 with an address, with all other like empowered.

SIGNATURE!

STREET ADDRESS

SIGNATURE AND TYPEO'DE PRINTED NAME OF SIGNING DEFICER OR DESECTO

4/20/04

1305 444-800 T