


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000010986</b>	
1. Entity Name 1055 WASHINGTON MEDICAL OFFICES, INC.	

Principal Place of Business 1055 WASHINGTON AVE. MIAMI BEACH, FL 33139	Mailing Address 1055 WASHINGTON AVE. MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



07182005 No Chg-P CR2E034 (10/03)

4. Fed Number 65-0980564	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

DE LA TORRE, RAYMOND R  
1055 WASHINGTON AVE.  
MIAMI BEACH, FL 33139

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and his or her address. (NOTE: Registered Agent Signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00</b> Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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TO: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE LA TORRE, RAYMOND R 1055 WASHINGTON AVE MIAMI BEACH, FL
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07/22/05-80006-023 150.00

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 will all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 7/17/05  
Signature and typed or printed name of business officer or director