

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055646

FILED  
Jan 18, 2004  
Secretary of State

Entity Name: JOSE R. ROVIRA, M.D., P.A.

**Current Principal Place of Business:**

11760 SW 40TH STREET  
#646  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565006  
MIAMI, FL 332565006

**New Mailing Address:**

FEI Number: 65-1018758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE  
SUITE 700  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROVIRA, JOSE R M.D.  
Address: 7405 S.W. 115TH STREET  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROVIRA, JOSE R M.D.  
Address: 8800 SW 57TH AVENUE  
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R. ROVIRA

D

01/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date