


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90492 034 \*\*\*150.00

**DOCUMENT # P01000066301**

1. Entity Name  
 ALICE R. BARBA, M.D., P.A.



Principal Place of Business  
 8370 WEST FLAGLER ST  
 200  
 MIAMI, FL 33144

Mailing Address  
 877 NE 73RD STREET  
 MIAMI, FL 33138

94063467



2. Principal Place of Business  
 4770 Biscayne Blvd.  
 Suite, Apt. #, etc.  
 1140

3. Mailing Address  
 Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State  
 Miami, FL

City & State

4. FEI Number  
 65-1119078

Applied For  
 Not Applicable

Zip  
 33137

Country  
 US

Zip

Country

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

6. Name and Address of Current Registered Agent  
 BARBA, ALICE R MD  
 877 NE 73RD STREET  
 MIAMI, FL 33138


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: 4.21.04

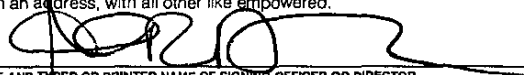
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBA, ALICE R 877 NE 73RD STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  DATE: 4.21.04

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