
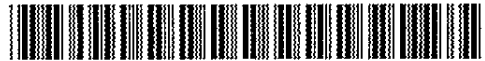


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000074074 1. Entity Name LUIS H. LUGO-ARRENDELL, M.D., P.A.	
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Principal Place of Business 1840 W 49TH STREET STE 515 HIALEAH, FL 33012	Mailing Address C/O BRIAN LYNN, CPA, PA TWO S. UNIVERSITY STE. 215 PLANTATION, FL 33324
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02232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0614531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN, CPA, P.A., BRIAN  
TWO UNIVERSITY DR. STE. 215  
PLANTATION, FL 33324

**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 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

UN00000082611  
03/10/04-80002-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUGO-ARRENDELL, LUIS H 1840 WEST 49 ST 515 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Luis H. Arrendell 3/6/04 (305) 821-4822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #