

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052901

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: VILLOCH ASSOCIATES MD, PA.

## Current Principal Place of Business:

5501 ORDUNA DRIVE  
CORAL GABLES, FL 33146

## New Principal Place of Business:

2075 SW 27TH AVE.  
SUITE 101  
MIAMI, FL 33145

## Current Mailing Address:

5501 ORDUNA DRIVE  
CORAL GABLES, FL 33146

## New Mailing Address:

5005 ORDUNA DRIVE  
CORAL GABLES, FL 33146

FEI Number: 65-0235257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VILLOCH, CLAUDIO  
5501 ORDUNA DRIVE  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

VILLOCH, MARIO R MD  
5005 ORDUNA DRIVE  
CORAL GABLES, FL 33146 US

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: MARIO R VILLOCH

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VILLOCH, CLAUDIO  
Address: 5501 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD (X) Delete  
Name: VILLOCH, MARIO  
Address: 5501 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VILLOCH, MARIO R MD  
Address: 5005 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIO R VILLOCH

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date