


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000102194
 1. Entity Name
 MARIA I. LOPEZ M.D., P.A.



Principal Place of Business Mailing Address
 8720 KENDALL DRIVE STE. 118 8720 KENDALL DRIVE STE. 118
 MIAMI, FL 33176 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 65-0797887 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 GARCIA-LINARES, MANUEL A
 201 S. BISCAYNE BLVD. 10TH FLR.
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

400000156003
 05/05/04-80059-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, MARIA I 8720 KENDALL DR. STE. 118 MIAMI, FL 33176
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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)(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, with all other like employed.

SIGNATURE: Manuel Lopez 4/29/04 305-412-1967
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #