2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 461888

1. Entity Name
FRANCISCO A. PRADO M.D., P.A.

Principal Place of Business	Mailing Address
3883 BISCAYNE BLVD.	3883 BISCAYNE BLVD.
MIAMI, FL 33137	MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

01312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1567149	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRADO, ALESSANDRA
8350 SUNSET DR.
MIAMI, FL 33143

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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 _____   4/4/05

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRADO, FRANCISCO A
STREET ADDRESS	8350 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SD
NAME	PRADO, ALESSANDRA
STREET ADDRESS	8350 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80075-016 150.00

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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: _____ Francisco A. Prado MD.P.A 4/4/05 305-573-8385

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