


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 490861**


1. Entity Name  
**MANUEL PEREZ-ESPINOSA, M.D., PROFESSIONAL ASSOCIATION**



Principal Place of Business      Mailing Address

5340 SW 59 AVE.      5340 SW 59 AVE.  
 MIAMI, FL 33155      MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



02012005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1645484      Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ-ESPINOSA, MANUEL**  
 5340 SW 59 AVE.  
 MIAMI, FL 33155

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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 \_\_\_\_\_ 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, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ-ESPINOSA, MANUEL
STREET ADDRESS	5340 SW 59 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PEREZ-ESPINOSA, MANUEL
STREET ADDRESS	5340 SW 59 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PEREZ, JORGE L.
STREET ADDRESS	3600 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	JUAN C. PEREZ-ESPINOSA
STREET ADDRESS	3600 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(l), 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: *Manuel Espinosa*      Date: *2-4-05*      Daytime Phone #: *305-24444520*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR