


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90061 023 \*\*\*150.00

DOCUMENT # 490862	
1. Entity Name JOSE PEREZ-ESPINOSA, M.D., PROFESSIONAL ASSOCIATION	

Principal Place of Business 7890 WEST 6TH <del>ST</del> AVE HIALEAH, FL 33014	Mailing Address 7890 WEST 6TH <del>ST</del> AVE HIALEAH, FL 33014
---	---

**50009778**



01232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1645430	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  PEREZ, JOSE M. 7890 W. 6TH AVENUE HIALEAH, FL 33014
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, JOSE, M.D. 7890 W. 6TH AVE. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEREZ, JOSE, M.D. 7890 W. 6TH AVE. HIALEAH, FL
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	

**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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/29/05 Daytime Phone # (305) 8888771

*JOSE PEREZ ESPINOSA M.D. PA*