

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 513901

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: LOPEZ & HORSTMYER, M.D., P.A.

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVE  
SUITE 209  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3661 SOUTH MIAMI AVE  
SUITE 209  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 59-1691799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, RAUL M.D.  
3661 S. MIAMI AVE  
MIAMI, FL

**Name and Address of New Registered Agent:**

LACHTERMAN, STEVEN ESQ  
848 BRICKELL AVE  
750  
MIAMI, FL 33131

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: STEVEN LACHTERMAN      07/01/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V      (X) Delete  
Name: LOPEZ, RAUL,  
Address: 3661 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL

Title: PD      ( ) Delete  
Name: HORSTMYER JEFFREY L,  
Address: 3661 S MIAMI AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD      (X) Change ( ) Addition  
Name: HORSTMYER JEFFREY L,  
Address: 3661 S MIAMI AVE  
City-St-Zip: MIAMI, FL 33133

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: JEFFREY L HORSTMYER      PD      07/01/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date