

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540681

**FILED**  
**Mar 28, 2005**  
**Secretary of State**

**Entity Name:** HECTOR J. SANCHEZ, M.D., P.A.

**Current Principal Place of Business:**

2645 SW 37 AVE  
SUITE # 301  
MIAMI, FL 33133

**New Principal Place of Business:**

2801 PONCE DE LEON BLVD  
SUITE # 780  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2645 SW 37 AVE  
SUITE # 301  
MIAMI, FL 33133

**New Mailing Address:**

2801 PONCE DE LEON BLVD  
SUITE # 780  
CORAL GABLES, FL 33134

FEI Number: 59-1750222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, HECTOR  
3211 PONCE DE LEON BLVD. STE #M-1  
CORAL GABLES, FL 33134 US

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

SANCHEZ, HECTOR  
2801 PONCE DE LEON BLVD  
SUITE # 780  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PA ( ) Delete  
Name: SANCHEZ, HECTOR J,  
Address: 1515 SARRIA AVE  
City-St-Zip: CORAL GABLES, FL

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

Title: PA (X) Change ( ) Addition  
Name: SANCHEZ, HECTOR J,  
Address: 1515 SARRIA AVE  
City-St-Zip: CORAL GABLES, FL 33146

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: HECTOR J SANCHEZ MD

PA

03/28/2005

Electronic Signature of Signing Officer or Director

Date