

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**


07-13-2004 90007 022 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

71

66431186



<b>DOCUMENT # 542836</b>			
1. Entity Name ECHENIQUE, PADRON, AND ESPOSITO, M.D.S., P.A.			
Principal Place of Business 2931 CORAL WAY MIAMI, FL 33145		Mailing Address 2931 CORAL WAY MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1754966		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SACHER, CHARLES P 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECHENIQUE, JORGE E.	NAME	
STREET ADDRESS	2931 CORAL WAY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	33145
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, MANUEL R.	NAME	
STREET ADDRESS	2931 CORAL WAY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	33145
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Esposito, Joseph
STREET ADDRESS		STREET ADDRESS	2931-Coral Way
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33145
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		_____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Attachment 66431186

SACHER, MARTINI & SACHER, P.A.

#542836

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

Telephone: 305/448-3900 • Facsimile: 305/446-9206

Charles P. Sacher  
Gregory T. Martini  
Charles S. Sacher

Nancy A. Richman  
OF COUNSEL  
Martin E. Segal, P.A.

July 28, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Echenique, Padron and Esposito, M.D.s, P.A.  
Our File No. 9003

Dear Sir or Madam:

I write in my capacity as registered agent for the above-referenced P.A. In this regard, I am in receipt of your notice of a balance due for a late filing fee regarding the profit annual report/uniform business report.

Enclosed please find my Affidavit regarding the non-receipt of the original package. Based on this Affidavit, I hope that you will be able to waive the penalty and accept the profit annual report/uniform business report and the filing fee of \$150.00.

If you have any questions, please contact the undersigned.

Thank you for your attention to this matter.

Sincerely,



Charles P. Sacher

CPS/wh

Enclosure

cc: Jorge Echenique, M.D.

Attachment  
60431186

# 542836

**AFFIDAVIT OF REGISTERED AGENT**

STATE OF FLORIDA                    )  
  )SS:  
COUNTY OF MIAMI-DADE         )

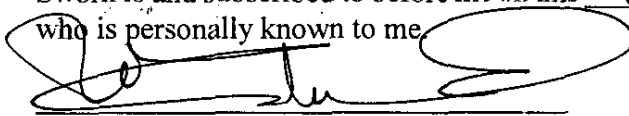
Before me, the undersigned authority, personally appeared CHARLES P. SACHER under oath did depose and say that:

1. My name is CHARLES P. SACHER.
2. I am an attorney admitted to practice in Florida. My attorney number is 069862.
3. I am the designated Registered Agent of Echenique, Padron and Esposito, M.D.s, P.A., Document No. 542836.
4. I hereby swear and affirm that I did not receive the 2004 For Profit Corporation Annual Report.
5. I am making this affidavit to demonstrate reasonable cause to allow the Department of State to waive the penalty and to accept the 2004 Annual Report with the fee of \$150.00.

Dated this 28 day of July, 2004.

  
\_\_\_\_\_  
CHARLES P. SACHER

Sworn to and subscribed to before me on this 28 day of July 2004, by CHARLES P. SACHER, who is personally known to me.

  
\_\_\_\_\_

Notary Public  
My Commission Expires:

W:\9003\wp\affidavit of cps re annual report.frm

