

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 556928**

1. Entity Name  
DRS. ALVAREZ & MORGAN, M.D.'S, P.A.



Principal Place of Business  
2650 BAHIA VISTA ST.  
#202  
SARASOTA, FL 34239

Mailing Address  
2650 BAHIA VISTA ST.  
#202  
SARASOTA, FL 34239 US



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1788587

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, MIGUEL A MD  
2650 BAHIA VISTA STREET-#202  
SARASOTA, FL 34239

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

1100000276442  
03/25/05-80039-019 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
MORGAN, WILLIAM C. MD  
2650 BAHIA VISTA ST.-#202  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PT  
ALVAREZ, MIGUEL A M.D.  
2650 BAHIA VISTA ST.-#202  
SARASOTA, FL 34239

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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NAME  
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CITY- ST- ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. MORGAN, MD

Date

3/22/05

Daytime Phone #

X 941-365-3232