## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 18, 2005 08:00 AM Secretary of State **DOCUMENT # 564228** 1. Entity Name JOSÉ H. VALLADARES, M.D., P.A. Principal Place of Business Mailing Address 2660 SW THIRD STREET P.O. BOX 450708 MIAMI, FL 33245-0708 US MIAMI, FL 33245-0708 US 07082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1781841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALLADARES, JOSE H MD PA DO NOT WRITE 2660 SW THIRD STREET MIAMI, FL 33135 IN THIS SPACE 3. 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 t 07-07-2005 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent soneture registered when reinstation) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VALLADARES, JOSE H MD STREET ADDRESS 2660 SW 3RD STREET CITY-ST-ZIP MIAMI, FL 00000. TITLE NAME U00000373325 07/18/05-80011-009 S50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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: .

NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OF DIRECTOR

07-07-2005 -305 541.9300