## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2004 8:00 am Secretary of State

DOCUMEN I # 5///85  1. Entity Name OCTAVIO B. CARRENO, M.D., P.A			02-25-2004 90057 038 ***150.00			
OOTAVIO B. OARRENO, W.D., F.A	· 		<b>5</b>			
Principal Place of Business 3661 S MIAMI AVE SUITE 750 601 MIAMI, FL-33133	Mailing Address 3661 S MIAMI AVE SUITI MIAMI FL 33133	₩ 601		44N1Q	413	
2 District Discrete						AN 83 ( H. 1124
2. Principal Place of Business	Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			02042004 Chg-P CR2E034 (10/03)			
City & State	City & State	City & State		4. FEt Number 59-1833940		pplied For ot Applicable
Zip Country	Zip	Zip Country		f Status Desired	\$8.75 Ad	ditional
6. Name and Address of Curren	t Registered Agent		7. Name and A	ddress of New Re		<u>, a</u>
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33131		City			······································	
8. The above named entity submits this statement if	for the number of changing its re	City			FL Zip Cod	
the obligations of registered agent.	or the purpose of changing its re	gistered office or regist	ered agent, or both	, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: R	legistered Agent signature requir	red when reinstating)	,	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campaign		5.00 May Be Ided to Fees	<del>".</del>		
18. OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
NAME CARRENO, OCTAVIO B. STREET ADDRESS CITY-ST-ZIP MIAMI, FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, tt <del></del>	/ <del>=</del>	Change	Addition
TITLE NAME	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	<b>*</b> - ^	NAME STREET ADDRESS ** CITY-ST-ZIP	* 2 · ••		e i agent	÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE	☐ Delete	CiTY-ST-ZIP		11		
HAME STREET ADDRESS CITY-ST-ZIP	L Delette	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee amb changed, or on an attachment with an address.  SIGNATURE:    SIGNATURE	n this filing does not qualify for the strue and accurate and that my sowered to execute this report as with all other like empowered.	signature snall have the required by Chapter 60	ection 119.07(3)(i), same legal effect a 17, Florida Statutes;	Florida Statutes. I fu s if made under oat and that my name a	urther certify that the in th; that I am an officer appears in Block 10 or	formation or director Block 11 if