


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90046 043 \*\*\*150.00

**DOCUMENT # 581818**  
 1. Entity Name  
**ARMANDO E. ROCA, M.D., P.A.**



Principal Place of Business      Mailing Address  
**430 NW 199 AVE**      **430 NW 199 AVE**  
**PEMBROKE PINES, FL 33029 US**      **PEMBROKE PINES, FL 33029 US**

20010100

2. Principal Place of Business      3. Mailing Address  
**2150 SW 113 AVE**      **2150 SW 113 AVE**  
 Suits, Apt. #, etc.      Suits, Apt. #, etc.



02062005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**DAVIE, FL**      **DAVIE**  
 Zip      Country      Zip      Country  
**33325**      **USA**      **FL**      **33325**

4. FEI Number      Applied For  
**59-1836163**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROCA, ARMANDO E.**  
**430 NW 199 AVE**  
**PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent  
 Name **ROCA, ARMANDO E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2150 SW 113 AVE**  
 City **DAVIE**      FL      Zip Code **33325**

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: *Armando E. Roca*  
 Signature of registered agent and title is acceptable.      (NOTE: Registered Agent signature required when transferring)      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     

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/>	PD NAME: <b>ROCA, ARMANDO E MD</b> STREET ADDRESS: <b>430 NW 199 AVE</b> CITY-STATE-ZIP: <b>PEMBROKE PINES, FL 33029</b>	<input type="checkbox"/>	TITLE: <b>ROCA, ARMANDO E, MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>ROCA, ARMANDO E, MD</b> STREET ADDRESS: <b>2150 SW 113 AVE</b> CITY-STATE-ZIP: <b>DAVIE, FL 33325</b>
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this report or supplemental information 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 I'm empowered.

SIGNATURE: *Armando E. Roca*      **Armando E. Roca MD**      2/6/05      954-961-8394  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Page #