2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 590051 1. Entity Name ALBERTO E. ANGULO, M.D., P.A.

Principal Place of Business

1500 E. HILLSBORO BLVD.

STE 207 DEERFIELD BEACH, FL 33441 Mailing Address

1500 E. HILLSBORO BLVD. **STE 207**

DEERFIELD BEACH, FL 33441

FILED May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1849903

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGULO, ALBERTO E 1500 E. HILLSBORO BLVD STE 207 DEFREIELD BCH, FL 33441

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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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE_	Signalure Typed or printed name of registered agent and title	if applicable (NOTE Registered	s Agent signature	required when reinstaling)	OA*E
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<u> </u>			:
NAME	ANGULO, ALBERTO E				and the targethere
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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 of the production of the corporation of the

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY - ST - ZIP

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR