2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 🐃

FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90035 013 ***150.00

DOCUMENT # 603097

1. Entity Name

JOSE RAMON JIMENEZ M.D., PROFESSIONAL **ASSOCIATION**

<u></u>							
Principal Place of Business		Mailing Address					
31 SOUTH S		31 SOUTH 5TH STREET					
P.O.BOX 92	27 IY FL 32063	P.O.BOX 927 FT MACCLENNY FL 3:	2063.				E
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2 Principal F	Place of Business	3. Mailing Address	5.00	E			
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Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			MOORE (`BoE004 (44/00	N
				:	MOORE CR2E034 (11/03)		
		City & State			4. FEI Number 50 4447500 Applied For		
					59-1417520 No		Not Applicable
Zip	Country	Zip	Country				Additional
6 Norse and Address of Course			4.6		Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
JIMENEZ, JOSE RAMON				سا محسب در در افغان سامه دیوم از در حصوم به ایازی که در			
31.9	SOUTH 5TH STREET		Street Addre		ess (P.O. Box Number is Not Acceptable)		
MA	CCLENNY FL 32063	, *** , ***	-				
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	· -		(City		FL Zip (Code
B The above	named entity submits this statemen	t for the ourness of changing	r its registered	office or register	red agent, or both, in the State of Flor		with and accord
	tions of registered agent.	ic for the purpose of changing	g its registered i	onice of register	ed agent, or both, in the state of Flor	iga. Familianian v	mm, and accept
SIGNATURE	Signature, typed or printed name of registered as	cent and title if applicable. (NOTE: Registered Ad	gent signature required	1 when reinstating)	DATE	
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	r May 1, 2004 Fee will be \$550.0 k Payable to Florida Departmen				Trust Fund Contribution	i. 🗆 Å	dded to Fees
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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 with an address, with all other like empowered.

SIGNATURE: 🔀