

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 023 ***150.00

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1. Entity Name

MANUEL DIEZ-LOPEZ, M.D., P.A.



Principal Place of Business

800 E BROWARD BLVD #608
 FT LAUDERDALE FL 33301
 US

Mailing Address

800 E BROWARD BLVD #608
 FT LAUDERDALE FL 33301
 US

04013828



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1959049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEZ-LOPEZ, MANUEL JOSE
 100 SE 15TH AVENUE
 FT LAUDERDALE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

800 EAST BROWARD BOULEVARD

SUITE 608

City

FT. LAUDERDALE

FL

Zip Code

33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE PD Delete
 NAME DIEZ-LOPEZ, MANUEL JOSE
 STREET ADDRESS 100 SE 15TH AVENUE
 CITY-ST-ZIP FT.LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS 800 E. BROWARD BLVD. # 608
 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

9544678030

Date

Daytime Phone #