2005 FOR PROFIT CORPORATION

FILED Apr 04. 2005 08:00 AM

ANNUAL REPORT				Secretary of State			
	MENT # 685731			Se	cretary o	of State	
1. Entity Nam MANUEL	COSTA FERREIRA, M. D., P						
			TITE TO				
I = ==		ailing Address					
2801 SW CO OCALA, FL 3		1207 NE 22ND AVE DCALA, FL 34470 US]			
					(† 1 249) 1666 (4316) (1466) (4	d Cilere madd. Cenau mille Cinile	
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		į	03302005	No Chg-P	CR2E034 (10/0	3)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	er		Applied For
	•			59-201	9778		Not Applicable
				5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	
<u> </u>	6. Name and Address of Current Regis	-					
FERREIRA, MANUEL C 1207 NE 22ND AVE OCALA, FL 34470			ļ	DO	NOT W	RITE	
			IN THIS SPACE				
						7.0-2	
	named entity submits this statement for the p	ourpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	rida. I am familiar wi	th, and accept
the obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and tide	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5.	00 May Be			
			☐ Add	ed to Fees	!		
10.	OFFICERS AND DIREC	OTORS				54.74	
TITLE NAME	FERREIRA, MANUEL C						
STREET ADDRESS CITY-ST-ZIP							
TITLE	OOALA, 12 OFFICE		reservices.	error	04/14/19	0286 <mark>436</mark> -80028-008 ;	ich na
name Street address							いいいいい
CITY-ST-ZIP							
TITLE NAME		=		e e e e e e e e e e e e e e e e e e e	· ····································	•	•
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CITY-\$T-ZIP							
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STREET ADDRESS CITY-ST-ZIP							
TITLE	<u> </u>			., ., . , .,, ., ., ., ., ., ., ., ., ., .	and the second s	F 25	
NAME ETDEET ADORESE							
STREET ADORESS 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.

SIGNATUREX

TITLE NAME STREET ADDRESS CITY-ST-ZIP

THE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR