

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

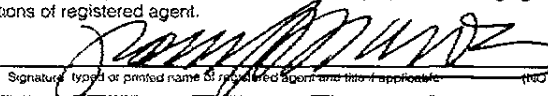
|                                                                                             |         |                                                                                   |         |
|---------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 693139</b>                                                                    |         |  |         |
| 1. Entity Name<br><b>JAIME E. CAMPOS, M.D., P.A.</b>                                        |         |                                                                                   |         |
| Principal Place of Business<br><b>7100 WEST 20TH AVENUE, SUITE 303<br/>HIALEAH FL 33016</b> |         | Mailing Address<br><b>7100 WEST 20TH AVENUE, SUITE 303<br/>HIALEAH FL 33016</b>   |         |
| 2. Principal Place of Business                                                              |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                         |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                                |         | City & State                                                                      |         |
| Zip                                                                                         | Country | Zip                                                                               | Country |



MOORE CR2E034 (11/03)

|                                                                                                                       |  |                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| 4. FEI Number<br><b>59-2103077</b>                                                                                    |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                             |  | <b>\$8.75</b> Additional Fee Required                                           |  |
| 6. Name and Address of Current Registered Agent<br><b>CAMPOS, JAIME E<br/>7100 W 20 AVE #303<br/>HIALEAH FL 33016</b> |  | 7. Name and Address of New Registered Agent                                     |  |
| Name                                                                                                                  |  | Name                                                                            |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                    |  | Street Address (P.O. Box Number is Not Acceptable)                              |  |
| City                                                                                                                  |  | City                                                                            |  |
| FL                                                                                                                    |  | Zip Code                                                                        |  |

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.

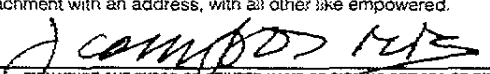
SIGNATURE  Jaime E. Campos, M.D. 1/28/04  
Signature typed or printed name of registered agent and this filer (NOTE: Registered Agent signature required when reinstating) DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>CAMPOS, JAIME E.<br>7100 W 20 AVE #303<br>HIALEAH FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000027281<br/>02/03/04-80040-012 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |

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:  Jaime E. Campos, M.D. 1/28/04 305 556-1544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #