


2004 FOR PROFIT CORPORATION ANNUAL REPORT

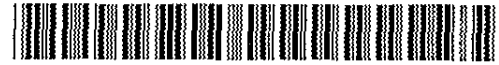
FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 694753
 1. Entity Name
ERNESTO M. FERNANDEZ, M.D., P.A.



Principal Place of Business 114 UNDERWOOD STREET ORLANDO, FL 32806	Mailing Address 114 UNDERWOOD STREET ORLANDO, FL 32806
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03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2112462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FERNANDEZ, ERNESTO M
 114 UNDERWOOD ST.
 ORLANDO, FL 32806

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ERNESTO M 114 UNDERWOOD STREET ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, ANGELIKI 3525 MARWOOD DR. ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, ERNESTO 114 UNDERWOOD ST ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, ANGELIKI 3525 MARWOOD DR ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/12/04-80020-016 150.00

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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)(f), 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: _____ DATE: April 7 2004 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR