


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 730329		
1. Entity Name PHYSICIAN'S ASSOCIATION OF CLINICS, HOSPITALS AND ANNEX, INC.		
Principal Place of Business 1100 SW 57TH AVENUE MIAMI, FL 33144	Mailing Address 1100 SW 57TH AVENUE MIAMI, FL 33144	

DO NOT WRITE IN THIS SPACE



07202004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

SILVEIRA, FRANK DIAZ
2153 CORAL WAY
SUITE #607
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when (re)registering) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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	PD LAGO, VICENTE 1100 SW 57 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOPEZ, DANILO 1605 PENNSYLVANIA AVE #501 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARENCIBIA, FERNANDO 10442 SW 21 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/26/04-80001-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FERNANDO ARENCIBIA, M.D. TREASURER

7-21-04 **305-269-0101**
Date Daytime Phone #