2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F61541

1. Entity Name
LUIS R. APARICIO, M.D. MEDICAL OFFICE, INC.

Principal Place of Business	Mailing Address
8825 SW 57TH ST MIAMI, FL 33173	8825 SW 57TH ST MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

02122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2150476	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APARICIO, LUIS R.
8825 SW 57TH ST
MIAMI, FL 33173

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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	U000C0071972 03/01/04-80093-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	APARICIO, LUIS R.
STREET ADDRESS	8825 S W 57TH STREET
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	APARICIO, LIDYA S.
STREET ADDRESS	8825 S W 57TH ST
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: X _____   LUIS R. APARICIO, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #