


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90017 036 ***150.00

DOCUMENT # F61541 1. Entity Name LUIS R. APARICIO, M.D. MEDICAL OFFICE, INC.	
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Principal Place of Business 8825 SW 57TH ST MIAMI, FL 33173	Mailing Address 8825 SW 57TH ST MIAMI, FL 33173
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2150476	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 APARICIO, LUIS R. 8825 SW 57TH ST MIAMI, FL 33173	DO NOT WRITE IN THIS SPACE
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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.

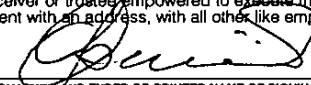

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD APARICIO, LUIS R. 8825 S W 57TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APARICIO, LIDIA S. 8825 S W 57TH ST MIAMI, FL
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**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 #