

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F98248

1. Entity Name
HERNAN M. CARRION, M.D., P.A.



Principal Place of Business
**1321 NW 14TH ST., SUITE 600
MIAMI, FL 33125**

Mailing Address
**1321 NW 14TH ST., SUITE 600
MIAMI, FL 33125**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

04172004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2219489

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRION, HERNAN M., MD
1321 NW 14TH ST
STE 600
MIAMI, FL 33125**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**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
**PD
CARRION, HERNAN M., MD
1321 NW 14TH ST., #600
MIAMI, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**UC9007143103
04/30/04-80079-008 150.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #