2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90286 044 ***158.75

DOCUMENT # G10632

1. Entity Name
RUBEN B. VALLEJO, M.D. P.A.

Principal Place of Business	Mailing Address
1330 SE 4TH AVE PLANTATION, FL 33316 US	P.O. BOX 19708 PLANTATION, FL 33318 US

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		1601 SW 75 Terr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Plantation	
City & State		City & State FLA - 33317	
Zip	Country	Zip	Country

4. FEI Number 59-2229958 ☐ Applied For ☐ Not Applicable

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
VALLEJO, DR R 1601 SE 75TH TERRACE PLANTATION, FL 33317	Name: Ruben B. VALLEJO M.D. P.A Street Address (P.O. Box Number is Not Acceptable): 1601 S.W. 75th Terrace City: Plantation FL Zip Code: 33317

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] April 23-05
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALLEJO, RUBEN B MD		NAME		
STREET ADDRESS	1601 S.W. 75TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] R. Vallejo MD April 23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #