


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90036 021 \*\*\*150.00

**DOCUMENT # G34699**  
 1. Entity Name  
 ANTONIO R. BARQUET, M. D., P. A.



Principal Place of Business  
 % ANTONIO RENE BARQUET, M.D.  
 1790 W. 49TH STREET #312  
 HIALEAH, FL 33012

Mailing Address  
 % ANTONIO RENE BARQUET, M.D.  
 1790 W. 49TH STREET #312  
 HIALEAH, FL 33012

**54020820**



2. Principal Place of Business  
 351 NW LeJeune  
 Suite, Apt. #, etc.  
 Suite 103  
 City & State  
 Miami FL  
 Zip  
 33126  
 Country  
 U.S. A

3. Mailing Address  
 351 NW LeJeune  
 Suite, Apt. #, etc.  
 Suite 103  
 City & State  
 Miami FL  
 Zip  
 33126  
 Country  
 U.S.A

03142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 BARQUET, ANTONIO RENE, M.D.  
 1790 W. 49TH STREET  
 #312  
 HIALEAH, FL 33012

4. FEI Number  
 59-2303337  
 Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 ANTONIO RENE BARQUET MD  
 Street Address (P.O. Box Number is Not Acceptable)  
 351 NW LeJeune  
 Suite 103  
 City  
 Miami FL Zip Code  
 33126

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 *Antonio R. Barquet* DATE 3-16-04

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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BARQUET, ANTONIO RENE 1790 W. 49TH ST. 312 HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARQUET, ANTONIO RENE 351 NW LeJeune, Suite 103 Miami FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Antonio R. Barquet* DATE 3-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #