

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G49777

FILED
May 10, 2005
Secretary of State

Entity Name: EVARISTO J. OCON M.D. P.A.

Current Principal Place of Business:

% EVARISTO J OCON
4308 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

% EVARISTO J OCON
4308 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-2367411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCON, EVARISTO J.
4308 UNIVERSITY DRIVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OCON, EVARISTO J, MD,
Address: 11440 S.W. 99TH TERRACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVARISTO OCON

PRES

05/10/2005

Electronic Signature of Signing Officer or Director

Date