2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G55676

1. Entity Name
JORGE ENRIQUE LIEVANO, M.D., P.A.

Principal Place of Business	Mailing Address
7600 SW 57 AVE. 225 MIAMI, FL 33143 US	7600 SW 57 AVE. 225 MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2391572
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEVANO, M.D., JORGE ENRIQUE
7600 SW 57TH AVE SUITE 225
MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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: Jorge Enrique Lievano, M.D. JORGE ENRIQUE LIEVANO, MD April 14 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

TITLE	PVT
NAME	LIEVANO, JORGE ENRIQUE
STREET ADDRESS	7600 SW 57TH AVE SUITE 225
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	S
NAME	LIEVANO, JORGE ENRIQUE
STREET ADDRESS	7600 SW 57TH AVE SUITE 225
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000114557
04/15/04-80055-013 150.00

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: Jorge Enrique Lievano, M.D. P.A (SEL.) April 12 04 3056636366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # or 305-6631105

JORGE ENRIQUE LIEVANO M.D. P.A.