2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# G62546

Entity Name: LINO B. FERNANDEZ, M.D., P.A.

Current Principal Place of Business:

2801 PONCE DE LEON BOULEVARD
SUITE 320
CORAL GABLES, FL 33134

New Principal Place of Business:

2801 PONCE DE LEON BOULEVARD
SUITE 410
CORAL GABLES, FL 33134

Current Mailing Address:

2801 PONCE DE LEON BOULEVARD
SUITE 320
CORAL GABLES, FL 33134

New Mailing Address:

2801 PONCE DE LEON BOULEVARD
SUITE 410
CORAL GABLES, FL 33134

FEI Number: 59-2322707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, LINO B.
2801 PONCE DE LEON BOULEVARD
SUITE 320
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

FERNANDEZ, LINO B.
2801 PONCE DE LEON BOULEVARD
SUITE 410
CORAL GABLES, FL 33134

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FERNANDEZ, LINO B,
Address: 414 BARBAROSSA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete
Name: FERNANDEZ, EMILIA,
Address: 414 BARBAROSSA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LINO B. FERNANDEZ MD 04/30/2004
Electronic Signature of Signing Officer or Director — Date