2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2005 08:00 AM Secretary of State

| DOC | JMENT | # H | 1 | 1331 | 13 |
|-----|-------|-----|---|------|----|
|-----|-------|-----|---|------|----|

1. Entity Name MIGUEL A. DE LAĞE, D.P.M., P.A.



Principal Place of Business

% MIGUEL A. DE LAGE 777 E. 25TH ST, #208 HIALEAH, FL 33013

SIGNATURE:

Mailing Address

% MIGUEL A. DE LAGE 777 E. 25TH ST, #208 HIALEAH, FL 33013



| C  | O NOT WRITE II  | 01162005 No Ch 4. FEI Number 59-2430274 5. Certificate of Status E  |  | \$8.75<br>Fee Rec   | Applied For<br>Not Applicable<br>Additional           |  |  |
|--|---|---|--|---|---|--|--|
|  |   | stered Agent  |  | •   |   |  |  |
| 777 E. 251<br>SUITE 403                        | · · · · · · · · · · · · · · · · · · ·   |   |  | DO NOT  |   |  |  |
| 8. The above the obligat                       | named entity submits this statement for the joins of registered agent.  | ourpose of changing its register  | ed office or registe   | red agent, or both, in the St   | ate of Florida. I                                     | am familiar  | with, and accept                                       |
| SIGNATURE_                                     |   | · · · · · · · · · · · · · · · · · · ·   |  |   |   | <u> </u>   | · ·  |
|  | Signature, typed or printed name of registered agent and fille  | Fapplicable (NOTE Registers   | d Agent signature require  | d when reinslating)   | DA  | TE.  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00   | Election Campaign Finar<br>Trust Fund Contribution.   |  | J.00 May Be<br>ded to Fees  |   |  |  |
| 10.  | OFFICERS AND DIRE   | CTORS   | I  | <del></del>   |   | <del></del>  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DP<br>DE LAGE, MIGUEL A.<br>777 E. 25TH ST #403<br>HIALEAH, FL 33013  |   |  | a P   | ጉቦር የሳስስስባር   | ນຕົດ   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |  | 02/14   | 700002282<br>4/05-8003                                | 103<br>84-020  | 150.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | other control of the |  | DO NOT  | r WRI   | ΓΕ   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |  | IN THIS   | SPAC  | E  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   |   |  |   |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | ,   |  |   | <u>-</u>  |  |  |
| 12. I hereby coindicated of the corp changed,  | ertify that the information supplied with this fit<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowered<br>or on an attachment with an address, with all | ing does not qualify for the exer<br>and accurate and that my signate<br>to execute this report as require<br>other like empowered<br>Micuel  | nption stated in Se<br>ure shall have the :<br>ed by Chapter 607 | ction 119.07(3)(i), Florida St<br>same legal effect as if made<br>/, Florida Statutes, and that | atules. I further<br>under oath, tha<br>my name appea | certify that that the certify that the certify that the certified that | ne information<br>icer or director<br>0 or Block 11 if |

DUAGE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR