


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90024 044 ***150.00

DOCUMENT # H21328

1. Entity Name
BERNARDO MORENO, M.D., P.A.



Principal Place of Business Mailing Address

3120 NE 45 STREET
 SUITE 100
 FORT LAUDERDALE FL 33308
 US

3120 NE 45 ST
 SUITE 100
 FORT LAUDERDALE FL 33308
 US

2. Principal Place of Business 3. Mailing Address


~~3120 NE 45 STREET~~ **3100 NE 47 CT, PAS** **3100 NE 47 CT, PAS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

FORT LAUDERDALE, FLA. **FORT LAUDERDALE, FLA.**

City & State City & State

Zip Country Zip Country

33308 **USA** **33308** **USA**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-2444188 Not Applicable

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

6. Name and Address of Current Registered Agent

LEONARD, WILLIAM F.
LEONARD & MORRISON
4875 N FEDERAL HWY 10 FLOOR
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
DP	MORENO, BERNARDO	3120 NE 45 STREET	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	MORENO, BERNARDO	3100 NE 47 CT, PAS	FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Bernardo Moreno* February 2, 2004

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