


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H24830 1. Entity Name PAT QUIJADA, M.D., P.A.	
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Principal Place of Business 1802 BELLEVUE AVENUE, SUITE 102 ORLANDO, FL 32806	Mailing Address 1802 BELLEVUE AVENUE, SUITE 102 ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2449619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUIJADA, PATRICIO  
1802 BELLEVUE AVENUE, SUITE 102  
ORLANDO, FL 32806

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature: Typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUIJADA, PATRICIO 1802 BELLEVUE AVE. #102 ORLANDO, FL
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05/02/05-80067-019 150.00

**DO NOT WRITE  
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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 life empowered.

SIGNATURE: PAT QUIJADA M.D. 4/27/05 407-843-2967  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #