


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J26472
 1. Entity Name
 ORESTES M. PABLOS, M.D., P.A.



Principal Place of Business Mailing Address
 % ORESTES M. PABLOS, M.D. % ORESTES M. PABLOS, M.D.
 6498 CORAL WAY 6498 CORAL WAY
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



03062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2700665 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PABLOS, ORESTES M., M.D.
 6498 CORAL WAY
 MIAMI, FL 33155

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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 _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PABLOS, ORESTES M., M.D.
STREET ADDRESS	8915 SW 11TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *Orestes M. Pablos* 03/07/05 (205) 446-1129
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #