


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J58804 1. Entity Name CARLOS A. MENDEZ, M.D., P.A.				
Principal Place of Business % CARLOS A. MENDEZ 802 40TH ST W BRADENTON, FL 34205 US		Mailing Address % CARLOS A. MENDEZ 802 40TH ST W BRADENTON, FL 34205 US		
DO NOT WRITE IN THIS SPACE				
				03242005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2768565		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MENDEZ, CARLOS A. 802 40TH ST W BRADENTON, FL 34205		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) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	D			
NAME	MENDEZ, CARLOS A.			
STREET ADDRESS	1703-72ND STREET NW			
CITY- ST- ZIP	BRADENTON, FL 34209			
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
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: <i>Carlos A Mendez</i>		3-24-05 941 748886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		