

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90003 033 ***150.00

DOCUMENT # J89370

1. Entity Name
**AGUIRRE INTERNAL MEDICINE GROUP OF THE PALM
BEACHES, P.A.**



Principal Place of Business
**6215 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US**

Mailing Address
**6215 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US**



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2851001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE, BRAHM D CPA
515 N. FLAGLER DR., #300-P
WEST PALM BEACH, FL 33401**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
AGUIRRE, GERARDO
6215 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
AGUIRRE, KELLI
6215 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 19, 2004

AGUIRRE INTERNAL MEDICINE GROUP OF THE PALM BEACHES, P.
6215 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US

Subject: AGUIRRE INTERNAL MEDICINE GROUP OF THE PALM BEACHES,

Reference Number: J89370

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mw

ANNUAL REPORTS SECTION