

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2851001

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000340944
04/28/05-80135-025 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #