

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89595

FILED  
Jul 26, 2004  
Secretary of State

Entity Name: EDUARDO DIEGUEZ, JR., M.D., P.A.

## Current Principal Place of Business:

13 MARSHVIEW DR.  
P.O. BOX 3105  
ST. AUGUSTINE, FL 320853105

## New Principal Place of Business:

120 HEALTHPARK BLVD, SUITE 4  
P.O. BOX 3105  
ST. AUGUSTINE, FL 320853105

## Current Mailing Address:

13 MARSHVIEW DR.  
P.O. BOX 3105  
ST. AUGUSTINE, FL 320853105

## New Mailing Address:

P.O. BOX 3105  
ST. AUGUSTINE, FL 320853105

FEI Number: 59-2840334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIEGUEZ, EDUARDO, JR MD  
13 MARSHVIEW DRIVE  
P.O. BOX 3105  
ST.AUGUSTINE, FL 32084

## Name and Address of New Registered Agent:

DIEGUEZ, EDUARDO, JR MD  
P O BOX 3105  
P.O. BOX 3105  
ST.AUGUSTINE, FL 32084

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.

SIGNATURE:

07/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIEGUEZ, EDUARDO JR,  
Address: 13 MARSHVIEW DRIVE  
City-St-Zip: ST. AUGUSTINE, FL

Title: D ( ) Delete  
Name: GOYENECHEA, TERESIAN, A J.  
Address: 13 MARSHVIEW DRIVE  
City-St-Zip: ST. AUGUSTINE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DIEGUEZ, EDUARDO JR,  
Address: 13 MARSHVIEW DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D (X) Change ( ) Addition  
Name: GOYENECHEA, TERESIAN, A J.  
Address: 13 MARSHVIEW DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32085

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO DIEGUEZ, JR., M.D.

PRES

07/26/2004

Electronic Signature of Signing Officer or Director

Date