

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K29410

FILED
May 11, 2004
Secretary of State

Entity Name: GUILLERMO ACHONG, M.D., P.A.

Current Principal Place of Business:

GUILLERMO ACHONG, M.D., P.A.
690 E 49TH ST
HIALEAH, FL 33013 US

New Principal Place of Business:

Current Mailing Address:

GUILLERMO ACHONG, M.D., P.A.
690 E 49TH ST
HIALEAH, FL 33013 US

New Mailing Address:

FEI Number: 59-2612376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, IRA R.
16375 NE 18TH AVE
MIAMI, FL 33162

Name and Address of New Registered Agent:

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: _____

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: P () Delete
Name: ACHONG, GUILLERMO M P.A.
Address: 690 E 49TH ST
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUILLERMO ACHONG

P

05/11/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date