

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91061 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K31747	
1. Entity Name RAUL LAGOS, M.D., P.A.	



Principal Place of Business 8370 W FLAGLER ST., SUITE 226 STE 232 MIAMI, FL 33144 US	Mailing Address 8370 W FLAGLER ST., SUITE 226 STE 232 MIAMI, FL 33144 US
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94082647



2. Principal Place of Business 8370 W Flagler ST Suite, Apt. #, etc. 232 City & State Miami FL Zip 33144 Country US	3. Mailing Address 8370 W Flagler ST Suite, Apt. #, etc. 232 City & State Miami FL Zip 33144 Country US
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04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0073871	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 LOGOS-ARMAS, RAUL 8370 W FLAGLER ST SUITE 232 MIAMI, FL 33144	7. Name and Address of New Registered Agent Name LAGOS-ARMAS, RAUL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 date if applicable) (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LAGOS, RAUL MD 9311 SW 123 AVE MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered agent 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 attached sheet with an address, with all other like empowered.

SIGNATURE RAUL LAGOS-ARMAS Director **RAUL LAGOS-ARMAS** 4/29/04
DATE _____ DAYTIME PHONE # _____