

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90015 020 ***150.00

DOCUMENT # K55362

1. Entity Name
ROBERTO MOYA M.D., P.A.



Principal Place of Business
4201 PALM AVE
SUITE A
HIALEAH, FL 33012 US

Mailing Address
4201 PALM AVE
SUITE A
HIALEAH, FL 33012 US

54008481

2. Principal Place of Business
2140 W 68 Street
Suite, Apt. #, etc.
#201

3. Mailing Address
2140 W 68 Street
Suite, Apt. #, etc.
#201

01132004

Chg-P

CR2E034 (10/03)

City & State
Hialeah, FL
Zip
33016 Country
USA

City & State
Hialeah, FL
Zip
33016 Country
USA

4. FEI Number
65-0082473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOYA, ROBERTO
4201 PALM AVE. STE #A
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Moya, Roberto
Street Address (P.O. Box Number is Not Acceptable)

2140 W 68 Street #201
City Hialeah FL Zip Code 33016

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 D
NAME MOYA, ROBERTO DR.
STREET ADDRESS 4201 PALM AVE
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Moya, Roberto DR.
STREET ADDRESS 2140 W 68 Street #201
CITY-ST-ZIP Hialeah FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #