


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90013 028 ***150.00

DOCUMENT # K58628	
1. Entity Name ANSELMO MANUEL MENDIVE, M.D., P.A.	

Principal Place of Business 4601 NW 199STREET MIAMI FL 33055 US	Mailing Address 3130 SW 109 CT MIAMI FL 33165 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent MENDIVE, ANSELMO M. 3130 SW 109 COURT MIAMI FL 33165	7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	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 MENDIVE, ANSELMO MANUEL 910 S.W. 93RD AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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)(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: *Anselmo M Mendive* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *8/24/04* **Daytime Phone #**

Attachment
24082423

Miami, Fl Jul 7, 2004

Fla Dpt. of State
Div. of Corp.
P.O. Box 6327
Tallahassee, Fl 32314

Re: Doc # K58628

ANSELMO M MENDIVE, M.D. P.A.

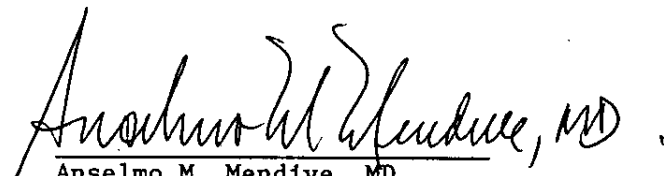
Sirs:

Received yesterday, 7/6/04, your card notification to pay the Annual Report of this Corp.

Really, we are surprised, because, never before, receive this notification, consequently please, sent to this address the form Annual report, and, we will sent back, with the payment.

We are soliciting, very respectfully, you give us the release of your charges for late filing.

Thanking in advance for your attention , we remain very truly yours


Anselmo M. Mendive, MD
4601 NW 199 St.,
Miami, Fl 33055

1-904-487-6054

1-800-245-6053

Attachment
24682423
K58628

******IMPORTANT NOTICE******

You are eligible for a waiver of the \$400 late fee if you did not receive notice of this annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes.

A letter stating this fact must accompany the annual report when it is submitted for filing.