


FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90114 033 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K94357			
1. Entity Name - GERARDO C. PEREZ, D.O., P.A.			
Principal Place of Business 16782 NW 67TH AVE. MIAMI, FL 33015		Mailing Address 16782 NW 67TH AVE. MIAMI, FL 33015	
2. Principal Place of Business 8000 NW 155TH ST		3. Mailing Address 8000 NW 155TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI LAKES FL		City & State MIAMI LAKES FL	
Zip 33014		Zip 33014	
Country USA		Country USA	
4. FEI Number 65-0143920		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 PEREZ, GERARDO 16782 NW 67 AVENUE MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Gerardo Perez / President</i> DATE 3/15/5 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE D.O. BOSES NAME PEREZ, GERARDO C., D.O. STREET ADDRESS 16782 NW 67TH AVE CITY-ST-ZIP MIAMI, FL 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 NAME STREET ADDRESS 8000 NW 155TH ST CITY-ST-ZIP MIAMI LAKES FL 33014 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 #