


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # K96138
 1. Entity Name
HUGO CORRALES M.D. P.A.



Principal Place of Business Mailing Address
% DR. HUGO CORRALES & JUDY CORRALES **% DR. HUGO CORRALES & JUDY CORRALES**
4752 BAY POINT RD **4752 BAY POINT RD**
MIAMI, FL 33137 **MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



09122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0123527 Not Applicable

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

6. Name and Address of Current Registered Agent
CORRALES, DR. HUGO AND JUDY
4752 BAY POINT RD
MIAMI, FL 33137

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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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV CORRALES, HUGO (DR.) 4752 BAY POINT RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORRALES, HUGO (DR.) 4752 BAY POINT RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORRALES, JUDY 4752 BAY POINT RD MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 life empowered.

SIGNATURE: Hugo Corrales MD Date: 9-12-05 Daytime Phone #: 305 576 3989