2005 FOR PROFIT CORPORATION

FILED \mathbf{AM} e

ANNUAL REPORT					Jan 29, 2005 08:00			
DOCUI	MENT # L41469				Se	ecretary	y of Stat	
HORACK	O ARIAS, M.D., P.A.			+				
2150 W MARTIN LUTHER KING BLVD 2		Mailing Address 2150 W MARTIN LUTHER KING BLVD TAMPA, FL 33607						
C	OO NOT WRITE	IN THIS SPA	CE	01172005	No Chg-P	CR2E034 (10		
				59-299		\$8.75 Fee Re	Not Applicable 5 Additional	
	6. Name and Address of Current Re	gistered Agent						
	DRACIO, M.D. IARTIN LUTHER KING BLVD IL 33607		DO NOT WRITE IN THIS SPACE				oma i na i na dale.	
the obligati	a named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and		red office or registe	· · · · · · · · · · · · · · · · · · ·	th, in the State of Flor	rlda. I am familiar	with, and accept	
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00				May Be U00000203670 Pees 01/23/05-80040-008 150.00			
10.	OFFICERS AND DI	RECTORS			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, HORACIO 2150 W MARTIN LUTHER KIN TAMPA, FL	-			···	_		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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:

IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 872 - 1505 Daytime Phone #