



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

|  |                         |   |   |   |   |
|--|-------------------------|---|---|---|---|
| <b>DOCUMENT # L52386</b>   |                         |   |   |                                    |   |
| 1. Entity Name<br><b>ALEJANDRO LOYNAZ, M.D., P.A.</b>  |                         |   |   |   |   |
| Principal Place of Business  |                         | Mailing Address                                       |   |                                  |   |
| 2601 S.W. 37 AVE.<br>STE. 904<br>MIAMI FL 33133<br>US  |                         | 2601 S.W. 37 AVE.<br>STE. 904<br>MIAMI FL 33133<br>US |   |   |   |
| 2. Principal Place of Business   |                         | 3. Mailing Address                                    |   | 1st MOORE CR2E034 (10/04)   |   |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.                                   |   | 4. FEI Number <b>65-0177346</b> Applied For Not Applicable  |   |
| City & State   |                         | City & State  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |   |
| Zip  | Country                 | Zip   | Country   |   |   |
| 6. Name and Address of Current Registered Agent  |                         |   |   | 7. Name and Address of New Registered Agent   |   |
| <b>BORRON, JORGE</b><br><b>3211 PONCE DE LEON BLVD</b><br><b>302</b><br><b>CORAL GABLES FL 33134</b>   |                         |   |   | Name  |   |
|  |                         |   |   | Street Address (P O. Box Number is Not Acceptable)  |   |
|  |                         |   |   | City  |   |
|  |                         |   |   | <b>FL</b> Zip Code  |   |
| 8. The above named entry 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 reinstalling) DATE _____   |                         |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                         |   |   | 9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |   |
| TITLE  | D                       | <input type="checkbox"/> Delete                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | LOYNAZ, ALEJANDRO, M.D. |   | NAME  | U00000214011  |   |
| STREET ADDRESS   | 2601 SW 37 AVE, STE 904 |   | STREET ADDRESS  | 02/03/05-80089-019 150.00   |   |
| CITY-ST-ZIP  | MIAMI FL                |   | CITY-ST-ZIP   |   |   |
| TITLE  |                         | <input type="checkbox"/> Delete                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                         |   | NAME  |   |   |
| STREET ADDRESS   |                         |   | STREET ADDRESS  |   |   |
| CITY-ST-ZIP  |                         |   | CITY-ST-ZIP   |   |   |
| TITLE  |                         | <input type="checkbox"/> Delete                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                         |   | NAME  |   |   |
| STREET ADDRESS   |                         |   | STREET ADDRESS  |   |   |
| CITY-ST-ZIP  |                         |   | CITY-ST-ZIP   |   |   |
| TITLE  |                         | <input type="checkbox"/> Delete                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                         |   | NAME  |   |   |
| STREET ADDRESS   |                         |   | STREET ADDRESS  |   |   |
| CITY-ST-ZIP  |                         |   | CITY-ST-ZIP   |   |   |
| TITLE  |                         | <input type="checkbox"/> Delete                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                         |   | NAME  |   |   |
| STREET ADDRESS   |                         |   | STREET ADDRESS  |   |   |
| CITY-ST-ZIP  |                         |   | 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)(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 like empowered.

**SIGNATURE:**  **2/1/05** **305-774-8277**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #