


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L53697  
 1. Entity Name  
 CENTURION, QUINTANA, AND ASSOCIATES, M.D'S, P.A.



Principal Place of Business      Mailing Address  
 9526 NE 2ND AVE #102      299 ALHAMBRA CIR STE 401  
 MIAMI SHORES, FL 33138 US      CORAL GABLES, FL 33155-6542 US



01112005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0173899      Not Applicable

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

6. Name and Address of Current Registered Agent  
 QUINTANA, JUAN J  
 299 ALHAMBRA CIR STE 401  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 reconstituting)  
Signature typed or printed name of registered agent and title if applicable      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

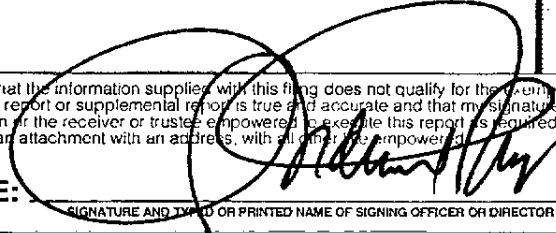
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 01/19/05-80048-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CENTURION, JOSE J., M.D.
STREET ADDRESS	932 OBISPO AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	QUINTANA, JUAN A., M.D.
STREET ADDRESS	5171 PINE TREE DR
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 the empowers.

SIGNATURE:       1/13/05      (305) 751-0007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #