

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 006 ***150.00

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01212004 Chg-P CR2E034 (10/03)

DOCUMENT # L76826 1. Entity Name ANDRES J. TAMAYO, M.D., P.A.																													
Principal Place of Business C/O ANDRES J. TAMAYO M.D. 8260 WEST FLAGLER STREET MIAMI, FL 33144			Mailing Address C/O ANDRES J. TAMAYO M.D. 8260 WEST FLAGLER STREET MIAMI, FL 33144																										
2. Principal Place of Business 7357 W FLAGLER ST Suite, Apt. #, etc.		3. Mailing Address 7357 W FLAGLER ST Suite, Apt. #, etc.																											
City & State MIAMI FL Zip 33144		City & State MIAMI FL Zip 33144		4. FEI Number 65-0194387																									
Country MIAMI - DADR		Country MIAMI - DADR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TAMAYO, ANDRES J. M.D. 8260 WEST FLAGLER STREET MIAMI, FL 33144			7. Name and Address of New Registered Agent Name TAMAYO ANDRES J MD Street Address (P.O. Box Number is Not Acceptable) 7357 W FLAGLER STREET City MIAMI FL 33144																										
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 ANDRES J TAMAYO (D) DATE 1/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAMAYO, ANDRES J. M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8260 WEST FLAGLER STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	TAMAYO, ANDRES J. M.D.		STREET ADDRESS	8260 WEST FLAGLER STREET		CITY-ST-ZIP	MIAMI, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TAMAYO, ANDRES J MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7357 W FLAGLER STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33144</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TAMAYO, ANDRES J MD		STREET ADDRESS	7357 W FLAGLER STREET		CITY-ST-ZIP	MIAMI, FL 33144	
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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)(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: ANDRES J TAMAYO DATE 1/21/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													