2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M27560

1. Entity Name
ISIDORO ZARCO, M.D., P.A.

Principal Place of Business	Mailing Address
3230 WEST FLAGLER	3230 WEST FLAGLER
MIAMI, FL 33135	MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

03012004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2643269	Not Applicable

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

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
16666 N.E. 19TH AVENUE
STE.114
NORTH MIAMI BEACH, FL 33162

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZARCO, ISIDORO
STREET ADDRESS	6420 NORTH BAY RD
CITY-ST-ZIP	MIAMI, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-90122-017 158.75

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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: *Isidoro Zarco MD* Isidoro Zarco 4/12/04 (305)443-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #