


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M58805**  
 1. Entity Name  
 COYA MEDICAL CENTER P.A.



Principal Place of Business  
 2580 SW 107 AVE  
 MIAMI, FL 33165

Mailing Address  
 2580 SW 107 AVE  
 MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-2846071

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 TORRE-COYA, IVONNE F.  
 10534 SW 8 ST.  
 MIAMI, FL 33174

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD TORRE-COYA, IVONNE F. 115 SW 127 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIEGO, MARIA LUISA 115 SW 127 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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00000371162  
 07/07/05-80004-022 150.00

**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)(j), 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: [Signature] Date: 06/29/05 Daytime Phone #: (305) 223-0132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR