

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M88050

1. Entity Name
ROZA GURARYE, M.D. P.A.



Principal Place of Business
**2020 N.E. 163RD STREET, SUITE 105
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**2020 N.E. 163RD STREET, SUITE 105
NORTH MIAMI BEACH, FL 33162**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0056359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GURARYE, ROZA
2020 N.E. 163RD STREET, #105
NORTH MIAMI BEACH, FL 33162**

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
Due by September 8, 2004**

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 **D**
NAME **GURARYE, ROZA**
STREET ADDRESS **17555 COLLINS AVEN#1405**
CITY-ST-ZIP **SUNNY ISLE BEACH, FL 33160**

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U000000164557
07/08/04-80013-017 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #