

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056532

FILED
Apr 20, 2005
Secretary of State

Entity Name: ANGEL F. VIDAL, M.D., P.A.

Current Principal Place of Business:

11880 SW 40TH STREET
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

11880 SW 40TH STREET
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1019602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDAZ, ANGEL F MD
11880 SW 40 STREET STE 202
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

VIDAL, ANGEL F MD
11880 SW 40 STREET STE 202
MIAMI, FL 33175 US

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.

SIGNATURE: ANGEL F VIDAL MD

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VIDAL, ANGEL F M.D.
Address: 11880 SW 40TH STREET
City-St-Zip: MIAMI, FL 33143

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: VIDAL, ANGEL F MD
Address: 11880 SW 40 ST STE 202
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL F VIDAL MD

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date