

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-25-2004 90002 014 ***150.00

DOCUMENT # P00000067773					
1. Entity Name PEDRO P. YLISASTIGUI, M.D., P.A.					
Principal Place of Business 1154 LEE BLVD STE 3 LEHIGH ACRES, FL 33936			Mailing Address 1154 LEE BLVD STE 3 LEHIGH ACRES, FL 33936		
2. Principal Place of Business 1150 Lee Blvd # 3 Suite, Apt. #, etc. 3 City & State Lehigh Acres F Zip 33936 Country USA			3. Mailing Address 1150 Lee Blvd Suite, Apt. #, etc. 3 City & State Lehigh Acres Zip 33936 Country USA		
4. FEI Number 65-1021438			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YLISASTIGUI, PEDRO P M.D. 1154 LEE BLVD STE 3 LEHIGH ACRES, FL 33936					
7. Name and Address of New Registered Agent Name <u>Pedro Ylisastigui, MD</u> Street Address (P.O. Box Number is Not Acceptable) <u>1150 Lee Blvd # 3</u> City <u>Lehigh Acres</u> <u>FL</u> Zip Code <u>33936</u>					
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 <u>[Signature]</u> DATE <u>2/10/4</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>YLISASTIGUI, PEDRO P M.D.</u> STREET ADDRESS <u>1150 LEE BLVD STE 4</u> CITY-ST-ZIP <u>LEHIGH ACRES, FL 33936</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/10/4</u> Daytime Phone # <u>239369 9911</u>		

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