ANNUAL REPORT

DOCUMENT # P00000075678

1. Entity Name

DEBORAH L. HOLMES, M.D., P.A.



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business

10905 NE 8TH AVE BISCAYNE PARK, FL 33161 Mailing Address

10905 NE 8TH AVE

BISCAYNE PARK, FL 33161



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		N					IIV) D	A	CE		4.	FEI Number				Applied For
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						#TTY 4-mil 1		t ivijeti: Ministra				minki n	5.	Certificate of	Status Desired		\$8.75	Additional

6. Name and Address of Current Registered Agent

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HOLMES, DEBORAH L MD 10905 NE 8TH AVE BISCAYNE PARK, FL 33161

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and acce			
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		U00000136S64				
10.	OFFICERS AND DIREC	TORS	······································		04/28/04-90035-014 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, DEBORAH L MD 10905 NE 8TH AVE BISCAYNE PARK, FL 33161							
TITLE NAME STREET ADORESS CITY ST-ZIP								
TITLE NAME STREET ADDRESS CITY- ST-ZIP				DO	NOT WRITE			
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12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a	ling does not qualify for the exer and accurate and that my signate	nption stated ure shall hav	in Section 119.07(3) e the same legal effe	(i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or direct			