

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90187 014 \*\*\*150.00

**DOCUMENT # P00000075937**

1. Entity Name  
CARLOS L. AQUINO, M.D., P.A.



Principal Place of Business  
4623 FOREST HILL BLVD, STE 112  
W PAL BEACH, FL 33415-1914

Mailing Address  
4623 FOREST HILL BLVD, STE 112  
W PAL BEACH, FL 33415-1914

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1030928

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AQUINO, CARLOS L  
4623 FOREST HILL BLVD, STE 112  
W PAL BEACH, FL 33415-1914

**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

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AQUINO, CARLOS L  
4623 FOREST HILL BLVD, STE 112  
W PAL BEACH, FL 334151914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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 #

561-433-0080

*Attachment*  
*#12000000075937*  
**MIGUEL A. GUZMAN, CPA, P.A.**

11211 PROSPERITY FARMS ROAD, SUITE A-102  
PALM BEACH GARDENS, FL 33410-3453  
(561)627-4740 FAX (561)627-0583  
E-MAIL: [MGUZMAN@GUZMANCPA.COM](mailto:MGUZMAN@GUZMANCPA.COM)

*44047487*  
**DELRAY BEACH OFFICE**  
29 N.E. 4<sup>TH</sup> AVE., STE. A  
DELRAY BEACH, FL 33483  
(561)276-0478

MIGUEL A. GUZMAN, CPA  
DANIELA C. THOMASON, E.A.

July 2, 2004

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Carlos L. Aquino MD PA

Dear Sir or Madam:

Dr. Carlos Aquino has requested that we respond to your Notice of Intent to Dissolve the corporation of Carlos L. Aquino MD P.A. Dr. Aquino signed and mailed the 2004 For Profit Corporation Annual Report on April 30, 2004. He picked up the downloaded form from our office on April 30, 2004 and took it to the post office for mailing. He wrote check number 5840 in the amount of \$150 (a copy of which is attached).

After he contacted me regarding this notice, we checked his account, and realized that this check is still outstanding. I asked him to issue a new check and sign his client's copy of the Annual Report and we are forwarding both things to you. Dr. Aquino is very careful to file all forms timely. His records all indicate that he mailed this form on April 30, 2004, but the form must have gotten lost in the mail. We would request that you accept this replacement check and the signed copy of the original form as a timely filed report.

Thank you for your consideration on Dr. Aquino's behalf. If you have any questions, or we can be of any further service, do not hesitate to call me.

Sincerely,

*Daniela Thomason*  
Daniela Thomason, E.A.

Enclosures  
CC: Dr. Aquino

**CARLOS L. AQUINO MD. PA**  
**OPERATING ACCOUNT**

4623 FOREST HILL BLVD.  
STE #112  
WEST PALM BEACH, FL 33415

DATE

4/28/04

63-151/670  
38

PAY  
TO THE  
ORDER OF

Florida Dept. of state

\$ 150.00

one hundred and fifty - 00/100

DOLLARS



**COLONIAL BANK, N.A.**  
West Palm Beach, Florida  
24 Hr Colonial Connection 1-877-502-2265

*Carlos L. Aquino MD.*

FOR

⑈005840⑈ ⑆067001518⑆ 0110144636⑈

GUARANTEE & SAFETY