


2005-FOR-PROFIT-CORPORATION-ANNUAL-REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90019 021 ***150.00

DOCUMENT # P0000083748					
1. Entity Name JOSE DAVID SUAREZ, M.D., P.A.					
Principal Place of Business 351 NW LEJEUNE ROAD STE 409 MIAMI, FL 33126		Mailing Address 351 NW LEJEUNE ROAD STE 409 MIAMI, FL 33126			
2. Principal Place of Business 11921 S. DIXIE HWY. Suite, Apt. #, etc. #208		3. Mailing Address 11921 S. DIXIE HWY. Suite, Apt. #, etc. #208			
City & State PINECREST FL		City & State PINECREST FL		4. FEI Number 65-1045030	
Zip 33156		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGEL CORDOVA CO 780 NW 42 AVE STE 416 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SUAREZ, JOSE D 351 NW LEJEUNE ROAD STE 409 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SUAREZ, JOSE D 11921 S. DIXIE HWY. #208 PINECREST, FL. 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.					
SIGNATURE: X		JOSE D. SUAREZ MD, PRES.			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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