

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093195

FILED
Jan 15, 2004
Secretary of State

Entity Name: JOAQUIN BARBARA, M.D., P.A.

Current Principal Place of Business:

7400 NORTH KENDALL DRIVE
SUITE 404
MIAMI, FL 33156

New Principal Place of Business:

12134 SW 117 CT
MIAMI, FL 33186

Current Mailing Address:

7400 NORTH KENDALL DRIVE
SUITE 404
MIAMI, FL 33156

New Mailing Address:

12134 SW 117 CT
MIAMI, FL 33186

FEI Number: 65-1044724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBARA, JOAQUIN MD
7400 NORTH KENDALL DRIVE
SUITE 404
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

BARBARA, JOAQUIN MD
12134 SW 117 CT
MIAMI, FL 33186 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:

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BARBARA, JOAQUIN MD
Address: 7400 NORTH KENDALL DRIVE, SUITE 404
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BARBARA, JOAQUIN MD
Address: 12134 SW 117 CT
City-St-Zip: MIAMI, FL 33186

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: JOAQUIN BARBARA, MD

PSTD

01/15/2004

Electronic Signature of Signing Officer or Director

Date