

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000100320</b>	
1. Entity Name <b>DENIS R. WEINBERG, M.D. AND ASSOCIATES CORP.</b>	



Principal Place of Business <b>4300 ALTON RD, SUITE 207 MIAMI BEACH, FL 33140</b>	Mailing Address <b>4300 ALTON RD, SUITE 207 MIAMI BEACH, FL 33140</b>
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01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1050265**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**WEINBERG, DENIS R  
5728 PINE TREE DR  
MIAMI BEACH, FL 33140**

**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.

**Miguel Isaac Garcia, M.D.  
President and C.E.O.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/7/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WEINBERG, DENIS R
STREET ADDRESS	5728 PINE TREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GARCIA, MIGUEL
STREET ADDRESS	10521 MAHOGANY CIRCLE
CITY-ST-ZIP	MIAMI BEACH, FL 33184
TITLE	D
NAME	LAMAS, GERVASIO A
STREET ADDRESS	141 CRANDON BLVD. # 333
CITY-ST-ZIP	KEY BISCAYNE, FL 33146
TITLE	D
NAME	TOLENTINO, ALFONSO O
STREET ADDRESS	9401 SW 70TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	CICCIA-MACLEAN, ROBERT
STREET ADDRESS	441 WEST 62ND STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80043-013 150.00**

**DO NOT WRITE  
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 807, 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.

**Miguel Isaac Garcia, MBA  
President and C.E.O.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**4/7/05 (305) 695-0644**