2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2005
Secretary of State

DOCUMENT# P00000103157

Entity Name: YVANA P. CESPEDES, M.D.P.A.

Current Principal Place of Business:

17101 N.E. 19TH AVENUE
SUITE 101
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17101 N.E. 19TH AVENUE
SUITE 101
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1058205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CESPEDES, YVANA P MD
17101 N.E. 19TH AVENUE
SUITE 101
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CESPEDES, YVANA P
Address: 17101 N.E. 19TH AVENUE SUITE 101
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: CESPEDES, YVANA P
Address: 17101 N.E. 19TH AVENUE SUITE 101
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: YVANA P. CESPEDES, M.D. MD 04/03/2005
Electronic Signature of Signing Officer or Director — Date