


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90149 046 ***150.00

DOCUMENT # P00000103857

1. Entity Name
ALBERTO DOMINGUEZ-BALI, M.D., P.A.



Principal Place of Business
**777 EAST 25 STREET
 SUITE 303
 HIALEAH, FL 33013**

Mailing Address
**19195 MYSTIC POINTE DR
 STE 2107
 AVENTURA, FL 33180**

2. Principal Place of Business
777 E 25 St
 Suite, Apt. #, etc.
Suite 203
 City & State
Hialeah, FL
 Zip
33013 Country
Miami Dade

3. Mailing Address
Same as above
 Suite, Apt. #, etc.
 City & State
 Zip Country



04052005 Chg-P CR2E034 (10/03)

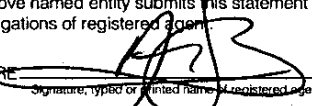
4. FEI Number
65-1053692 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DOMINGUEZ-BALI, ALBERTO
 19195 MYSTIC POINTE DR
 STE 2107
 AVENTURA, FL 33180**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City, State, Zip Code
FL

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: **4/5/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINGUEZ-BALI, ALBERTO 19195 MYSTIC POINTE DR STE 2107 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 like empowered.

SIGNATURE:  DATE: **4/5/05** (305) 693-3535 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR