

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000105274

1. Entity Name
SIGFREDO ACOSTA-PEREZ, M.D., P.A.



FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 040 ***150.00

Principal Place of Business
101 S COURTENAY PKWY STE 105
MERRITT ISLAND, FL 32952

Mailing Address
101 S COURTENAY PKWY STE 105
MERRITT ISLAND, FL 32952



2. Principal Place of Business
595 N. Courtenay Pkwy

3. Mailing Address
595 N. Courtenay Pkwy

01202005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Merritt Island, FL

City & State
Merritt Island, FL

4. FEI Number
59-3680703

Applied For
Not Applicable

Zip
32953

Country
USA

Zip
32953

Country
USA

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

6. Name and Address of Current Registered Agent

ACOSTA-PEREZ, SIGFREDO
1395 N COURTENAY PKWY, STE 100
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent

Name
ACOSTA-Perez, Sigfredo
Street Address (P.O. Box Number is Not Acceptable)
595 N. Courtenay Pkwy
Suite 204
City
Merritt Island FL Zip Code
32953

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 *Sigfredo Acosta-Perez, MD, President* March 1, 2005
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
NAME PD
ACOSTA-PEREZ, SIGFREDO ☐ Delete
STREET ADDRESS
101 S COURTENAY PKWY STE 105
CITY-ST-ZIP
MERRITT ISLAND, FL 32952

TITLE
NAME VD
RODRIGO-CABRERA, CARMEN A ☐ Delete
STREET ADDRESS
101 S COURTENAY PKWY., STE. 105
CITY-ST-ZIP
MERRITT ISLAND, FL 32952

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD ☒ Change ☐ Addition
ACOSTA-Perez, Sigfredo
STREET ADDRESS
595 N. Courtenay Pkwy, STE 204
CITY-ST-ZIP
Merritt Island, FL 32953

TITLE
NAME VD ☒ Change ☐ Addition
RODRIGO-CABRERA, Carmen A.
STREET ADDRESS
595 N. Courtenay Pkwy, STE 204
CITY-ST-ZIP
Merritt Island, FL 32953

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 fees empowered.

SIGNATURE: *Sigfredo Acosta-Perez, MD, President* March 1, 2005 (321) 452-3920
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #