


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 044 ***150.00

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1. Entity Name
JUAN CARLOS RONDON, M.D., P.A.



Principal Place of Business
600 N HIATUS ROAD
203
PENEBROKE ARIES, FL 33026

Mailing Address
600 N HIATUS ROAD
203
PENEBROKE ARIES, FL 33026

2. Principal Place of Business
6565 Taft Street
 Suite, Apt. #, etc.
401

3. Mailing Address
6565 Taft Street
 Suite, Apt. #, etc.
401



04272004 Chg-P CR2E034 (10/03)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
65-7066570

Applied For
 Not Applicable

Zip
33024

Country
US

Zip
33024

Country
US

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

6. Name and Address of Current Registered Agent

RONDON, JUAN CARLOS
600 N HIATUS ROAD
#203
PENEBROKE ARIES, FL 33026

7. Name and Address of New Registered Agent

Name
Juan Carlos Rondon

Street Address (P.O. Box Number is Not Acceptable)
6565 Taft Street # 401

City
Hollywood, FL

Zip Code
33024

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 **Juan Carlos Rondon** DATE **4/28/04**

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, 2004 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	<input type="checkbox"/> Delete
P	RONDON, JUAN C M.D., PA	600 N HIATUS ROAD #203	PENEBROKE ARIES, FL 33026	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		6565 Taft Street # 401	Hollywood, FL 33024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Juan Carlos Rondon** DATE: **4/28/04** DAYTIME PHONE #: **954 322 8985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #