

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000009403**

1. Entity Name  
 ANGEL F. MENDEZ, M.D., P.A.



Principal Place of Business  
 5980 SW 82ND ST.  
 MIAMI, FL 33143

Mailing Address  
 5980 SW 82ND ST.  
 MIAMI, FL 33143



01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1076907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

MENDEZ, ANGEL F  
 5980 SW 82ND ST.  
 MIAMI, FL 33143

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**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**

TITLE	P
NAME	MENDEZ, ANGEL F
STREET ADDRESS	5980 SW 82ND ST.
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

01000009403  
 04/05/04-00029-021 150.00

**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 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: ANGEL F. MENDEZ, M.D. Date: 4/4/04 (305) 510-6637  
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #