## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## \_Jul 07, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT #1P01000047969 1. Entity Name ANDRES A. PRIETO M.D., P.A. Principal Place of Business Mailing Address 7940 S.W. 135 STREET 7940 S.W. 135 STREET MIAMI, FL 33156 MIAMI, FL 33156 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0135971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRIETO, ANDRES A M.D. DO NOT WRITE 7940 S.W. 135 STREET MIAMI, FL 33156 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campalgn Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS U00000163509 07/07/04-80005-005 550.00 PD TITLE NAME PRIETO, ANDRES A M.D. STREET ADDRESS 7940 S.W. 135 STREET CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE эмаи STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling coes not indicated on this report or supplemental report is the anti-courate of the corporation or the receiver or trustee empoweled to execute thanged, or on an attachment with an address, with all of the like er bes not o qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED