

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000086684

1. Entity Name
JUDITH M. FERGUSON, M.D., P.A.



FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 016 ***150.00

Principal Place of Business
9000 SW 152 STREET
SUITE 204
MIAMI, FL 33157

Mailing Address
9000 SW 152 STREET
SUITE 204
MIAMI, FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03242004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1142769

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, MARLENE ESQ
2250 SW 3RD AVENUE SUITE 201
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name Marlene Valdes Esq.
Street Address (P.O. Box Number is Not Acceptable)
2250 SW 3rd Avenue
Suite 303
City Miami FL Zip Code 33129

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] DATE 3/24/04

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, 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	PD FERGUSON, JUDITH M MD 9000 SW 152 STREET, SUITE 204 MIAMI, FL 33157 <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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04 786 293 2002
Date Daytime Phone #