## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P01000117855**

IVETTE SANTIAGO, M.D., P.A.



Principal Place of Business

17521 US HWY 441

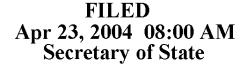
15 & 18 MT. DORA, FL 32757

Mailing Address

17521 US HWY 441

15 & 18

MT. DORA, FL 32757





04062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0582210

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SANTIAGO, IVETTE 1025 JULIETTE BLV. MT. DORA, FL 32757			DO NOT WRITE IN THIS SPACE		
	ions of registered agent.		d office ar re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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 Campa Trust Fund Con			cing 🗀	\$5.00 May Be Added to Fees	U00000125998 04/23/04-60016-011 150.00
10. OFFICERS AND DIRECTORS			1		<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, IVETTE 1025 JULIETTE BLV. MT. DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS				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 export 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: \_

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y-20-04 352-385-0/23