

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012128

FILED
Jan 19, 2004
Secretary of State

Entity Name: CARLOS LAROCCA, M.D., P.A.

Current Principal Place of Business:

11130 N. KENDALL DR. #200
MIAMI, FL 33176

New Principal Place of Business:

11130 N. KENDALL DR.
SUITE 200
MIAMI, FL 33176

Current Mailing Address:

11130 N. KENDALL DR. #200
MIAMI, FL 33176

New Mailing Address:

11130 N. KENDALL DR.
SUITE 200
MIAMI, FL 33176

FEI Number: 02-0542768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAROCCA, CARLOS
11130 N. KENDALL DR. #200
MIAMI, FL 33176

Name and Address of New Registered Agent:

LAROCCA, CARLOS M MD
11130 N. KENDALL DR.
SUITE 200
MIAMI, FL 33176

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.

SIGNATURE: CARLOS LAROCCA, MD

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAROCCA, CARLOS
Address: 11130 N. KENDALL DR. #200
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAROCCA, CARLOS M MD
Address: 11130 N. KENDALL DR. #200
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS LAROCCA, MD

PD

01/19/2004

Electronic Signature of Signing Officer or Director

Date