


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90055 030 \*\*\*150.00

<b>DOCUMENT # P02000024053</b>			
1. Entity Name <b>PIERRE R. ALIX, M.D., P.A.</b>			
Principal Place of Business <del>18395 NORTHWEST 61ST AVENUE</del> <del>MIAMI, FL 33015</del>		Mailing Address <del>18395 NORTHWEST 61ST AVENUE</del> <del>MIAMI, FL 33015</del>	
2. Principal Place of Business <b>13128 SW 45th DR</b>		3. Mailing Address <b>13128 SW 45th DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIRAMAR, FL</b>		City & State <b>MIRAMAR, FL</b>	
Zip <b>33027</b>	Country <b>Broward</b>	Zip <b>33027</b>	Country <b>Broward</b>
4. FEI Number <b>04-3619100</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALIX, PIERRE R</b> <del>18395 NORTHWEST 61ST AVENUE</del> <del>MIAMI, FL 33015</del>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>13128 SW 45th DR</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33027</b>	
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: <i>Pierre R. Alix</i> <b>PIERRE R ALIX Pres</b> <i>1/20/2005</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALIX, PIERRE R <del>18395 NORTHWEST 61ST AVENUE</del> <del>MIAMI, FL 33015</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>13128 SW 45th DR</b> <b>MIRAMAR, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Pierre R. Alix</i> <b>PIERRE R. ALIX</b>		Date: <b>01/20/2005</b> 305 758 7979	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

**50006255**



01112005 Chg-P CR2E034 (10/03)