

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P02000025881  |   |
| 1. Entity Name<br>LUIS A. RIOS, M.D., P.A.   |   |
| Principal Place of Business<br>1604 TOWN CENTER BLVD<br>D<br>FORT LAUDERDALE, FL 33326 | Mailing Address<br>1586 BLUE JAY CIRCLE<br>WESTON, FL 33337 |



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>04-3626182 | Applied For<br><input type="checkbox"/> No: Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

RIOS, LUIS A  
 1586 BLUE JAY CIRCLE  
 WESTON, FL 33337

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust: Fund Contribution.  \$5.00 May Be Added to Fees

1100000309014  
 04/16/05-80020-017 150.00

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>RIOS, LUIS A<br>1586 BLUE JAY CIRCLE<br>WESTON, FL 33337 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |

**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 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

4/12/05 (954) 389-7467  
 Date Date-time Phone #