

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90389 036 ***150.00

DOCUMENT # P02000027570

1. Entity Name
J. J. NUNEZ, M.D., P.A.



Principal Place of Business
P.O. BOX 310235
MIAMI, FL 33231 US

Mailing Address
P.O. BOX 310235
MIAMI, FL 33231 US



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0418362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NUNEZ, DAVID A J.D.
141 CRANDON BLVD. APT. 233 #235
MIAMI, FL 33149

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NUNEZ, JULIO J M.D.
STREET ADDRESS	141 CRANDON BLVD. APT. #233 #235
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	S
NAME	NUNEZ, DAVID A J.D.
STREET ADDRESS	141 CRANDON BLVD. APT. #233 #235
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	T
NAME	NUNEZ, JULIO J M.D.
STREET ADDRESS	141 CRANDON BLVD. APT. #233 #235
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

**PRESIDENT
JULIO J. NUNEZ M.D.**

Date

4/13/2005 / 305-2847560

Daytime Phone #