

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054049

**FILED**  
**May 01, 2005**  
**Secretary of State**

**Entity Name:** JUAN CARLOS ABREU, M.D., P.A.

**Current Principal Place of Business:**

7856 NW 167 TERRACE  
MIAMI, FL 33016 US

**New Principal Place of Business:**

6515 COLLINS AVENUE  
1107  
MIAMI BEACH, FL 33141 US

**Current Mailing Address:**

7856 NW 167 TERRACE  
MIAMI, FL 33016 US

**New Mailing Address:**

6515 COLLINS AVENUE  
1107  
MIAMI BEACH, FL 33141 US

**FEI Number:** 20-0228692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABREU, JUAN C  
7856 NW 167 TERRACE  
MIAMI, FL 33016 US

**Name and Address of New Registered Agent:**

ABREU, JUAN C  
6515 COLLINS AVENUE  
1107  
MIAMI BEACH, FL 33141 US

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: JUAN CARLOS ABREU,MD

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABREU, JUAN C  
Address: 7856 NW 167TH TERRACE  
City-St-Zip: MIAMI, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ABREU, JUAN C  
Address: 6515 COLLINS AVENUE APT 1107  
City-St-Zip: MIAMI BEACH, FL 33141

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: JUAN CARLOS ABREU,MD

D

05/01/2005

Electronic Signature of Signing Officer or Director

Date