07-05-2005 90116 044 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 14 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07012005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000054555

1. Entity Name
RAUL AGUIRRE, M.D., P.A.

Principal Place of Business	Mailing Address
12301 TAFT ST. #100 HOLLYWOOD, FL 33026	12301 TAFT ST. #100 HOLLYWOOD, FL 33026

2. Principal Place of Business	3. Mailing Address
12301 Taft St	Same
Suite, Apt. #, etc.: #100	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State
Zip: 33026 Country: US	Zip Country

4. FEI Number: 01-0889320 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVE., 28TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUIRRE, RAUL ~~2581 JARDINE WAY~~ 2974 Westbrook WESTON, FL ~~33327~~ 33332	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X Raul Aguirre, M.D. X 06/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #