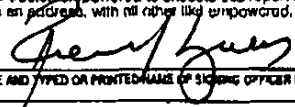


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

05 JUL 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**50054607**

DOCUMENT # P02000054555					
1. Entity Name RAUL AGUIRRE, M.D., P.A.					
Principal Place of Business 12301 TAFT ST. #100 HOLLYWOOD, FL 33026			Mailing Address 12301 TAFT ST. #100 HOLLYWOOD, FL 33026		
2. Principal Place of Business 12301 Taft St			3. Mailing Address 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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVE., 28TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent	
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 _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 ☐ Delete 2501 JARDINE WAY 2974 Westbrook WESTON, FL 33327 33332		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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					