*2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

(305) 27915/N

DOCUMENT # P02000072444 1. Entity Name ROBERTO J. ORTIZ, M.D., P.A.					Secret	ary of State
Principal Place of Business Malling Address 5876 S.W 4TH STREET 5876 S.W 4TH STREET MIAMI, FL 33144 MIAMI, FL 33144						
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CR2E034 (10/03)
D	O NOT WRITE	CE	01312005 4. FEI Numbe 04-3700 5. Certificate		Applied For Not Applicable \$8.75 Additional Fee Required	
	5. Name and Address of Current Ro		<u> </u>	weeks and the state of the stat	ree Required	
ORTIZ, ROBERTO J 5876 S.W 4TH STREET MIAMI, FL 33144			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office of 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 stignature required whan reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financh Trust Fund Contribution.				.00 May Be led to Fees		of he was a said.
10. TITLE	PD OFFICERS AND D	RECTORS				Marie - Mariemann of the development didded in What is about a law or the subblack did. I
NAME STREET ADDRESS CITY+ST-ZIP	ORTIZ, ROBERTO J 5876 S.W 4TH STREET MIAMI, FL 33144				000000 -02/09/05)221473 -80035 -0 07 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second secon				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN -	THIS SF	PACE
TITLE NAME STREET ADDRESS		recommended 1.5 Me Medius Add - Foreign Processed - (本語語改画)			<u> </u>	And the second of the second o
TITLE NAME STREET AODRESS CITY-ST-ZIP		The second secon	4.			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(n), 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 legat 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.						

ROBERTO J. ORTIZ
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: _