

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90018 023 ***150.00

DOCUMENT # P02000075967

1. Entity Name
ALBERTO SIRVEN, MD, P.A.



Principal Place of Business
**9000 SW 97 COURT
SUITE 108
MIAMI, FL 33176-2297**

Mailing Address
**9000 SW 97 COURT
SUITE 108
MIAMI, FL 33176-2297**

44020478



2. Principal Place of Business

3. Mailing Address

7000 S.W. 97 Ave.

7000 S.W. 97 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 214

Suite 214

City & State

City & State

Miami FL

Miami FL

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3642370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIRVEN, ALBERTO
3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI, FL 33133**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SIRVEN, ALBERTO**
STREET ADDRESS **3661 SOUTH MIAMI AVENUE**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☒ Change ☐ Addition
NAME **7000 S.W. 97 Ave. Suite 214**
STREET ADDRESS **Miami FL 33173**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #