


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099984

1. Entity Name
 ALVARO R. BADA, M.D.,P.A.



Principal Place of Business
 2525 HARBOR BLVD STE 208
 PORT CHARLOTTE, FL 33952

Mailing Address
 P.O. BOX 511095
 PUNTA GORDA, FL 33951-1095

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
 52-2377097

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, JOSE E
 130 MINORCA AVE
 CORAL GABLES, FL 33134

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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

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**

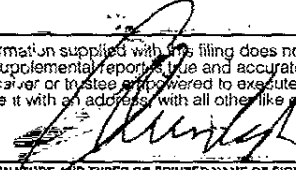
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 04/12/04-30027-030 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BADA, ALVARO R
STREET ADDRESS	17450 WHITE WATER CT
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 reports 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 it with an address, with all other like empowered.

SIGNATURE:  **3/28/04** **947 5758926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #