

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099984

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

**FILED**  
**Mar 27, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2525 HARBOR BLVD STE 208  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 511095  
PUNTA GORDA, FL 339511095

**New Mailing Address:**

FEI Number: 52-2377097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BADA, ALVARO R  
Address: 17450 WHITE WATER CT  
City-St-Zip: PUNTA GORDA, FL 33982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: BADA, ALVARO R  
Address: 17450 WHITE WATER CT  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO R BADA

MD

03/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date