

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90116 045 ***158.75

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1. Entity Name

HEALTHMED PHYSICIAN ASSOCIATES, P.A.



Principal Place of Business

351 N.W. LEJEUNE ROAD
SUITE 303
MIAMI FL 33135

Mailing Address

3001 S.W. 3RD AVENUE
MIAMI FL 33129

14019604



MOORE CR2E034 (11/03)

2. Principal Place of Business

11760 S.W. 40 ST.

3. Mailing Address

11760 S.W. 40 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 710

SUITE 710

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33175

U.S.A.

33175

U.S.A.

4. FEI Number

14-1852377

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75*Additional Fee Required

6. Name and Address of Current Registered Agent

MARKO, DAVID E ESQ.
3001 S.W. 3RD AVENUE
MIAMI FL 33129

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DEL CRISTO, ROBERTO R M.D.
STREET ADDRESS 11760 S.W. 40 ST. SUITE 303
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME DEL CRISTO, ROBERTO R. M.D.
STREET ADDRESS 11760 SW. 40 ST. # 710
CITY-ST-ZIP MIAMI, FL 33175

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

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

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

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

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:

4/28/2004 (205) 207-2529