


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90077 005 ***150.00

DOCUMENT # P02000118834

1. Entity Name
JUAN A. MANTILLA, M.D., P.A.



Principal Place of Business
**7000 SW 97 AVE., SUITE 202
 MIAMI, FL 33173**

Mailing Address
**7000 SW 97 AVE., SUITE 202
 MIAMI, FL 33173**

2. Principal Place of Business
11050 N. Kendall Drive

3. Mailing Address
11050 N. Kendall Drive

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

City & State
Miami, Florida

City & State
Miami, Florida


Zip
33176

Country
U.S.A.

Zip
33176

Country
U.S.A.

DUUU0100



01062005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3721515

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BAIRD, STEVEN K ESQ
~~6301 BISCAYNE BLVD STE 200~~
 MIAMI, FL ~~33130~~**

7. Name and Address of New Registered Agent
 Name **Steven K. Baird, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
5981 NE Sixth Avenue
 City **Miami** FL Zip Code **33137**

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 *Steven K. Baird* **Steven K. Baird** **1/6/05**
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, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MANTILLA, JUAN A M.D. 3742 SW 133 CT MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Juan Mantilla* **Juan Mantilla** **1/26/05** **(305) 279-4222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #