

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018942

Entity Name: MONICA OTERO, M.D., P.A.

FILED
Feb 11, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 8117
NAPLE, FL 34102 US

New Principal Place of Business:

1012 GOODLETTE ROAD
SUITE 100
NAPLES, FL 34102 US

Current Mailing Address:

P.O. BOX 8117
NAPLE, FL 34102 US

New Mailing Address:

P.O. BOX 8117
NAPLES, FL 34103 US

FEI Number: 59-3767353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAASTRICHT, EILEEN A ESQ.
2655 S. LE JEUNE ROAD
1108
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: PD () Delete
Name: OTERO, MONICA M.D.
Address: P.O. BOX 8117
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OTERO, MONICA M.D.
Address: P.O. BOX 8117
City-St-Zip: NAPLES, FL 34103 US

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: MONICA OTERO

PRES

02/11/2005

Electronic Signature of Signing Officer or Director

Date