

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90030 039 \*\*\*150.00

**DOCUMENT # P03000028656**



1. Entity Name  
**PEDRO I. PEREZ, M.D., P.A.**

Principal Place of Business C/O ROBERT COHEN, CPA 500 N. WESTSHORE BLVD., #700 TAMPA, FL 33609	Mailing Address C/O ROBERT COHEN, CPA 500 N. WESTSHORE BLVD., #700 TAMPA, FL 33609
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**54006360**



2. Principal Place of Business <b>11884 KING JAMES CT.</b> Suite, Apt. #, etc.	3. Mailing Address <b>11884 KING JAMES CT.</b> Suite, Apt. #, etc.
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02022004 Chg-P CR2E034 (10/03)

City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>	4. FEI Number <b>90-0071430</b>	Applied For Not Applicable
Zip <b>33991</b>	Country	Zip <b>33991</b>	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FILINGS, INC.</b> 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PEREZ, PEDRO I C/O 500 N. WESTSHORE BLVD., #700 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11884 KING JAMES CT.</b> <b>CAPE CORAL, FL 33991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, PEDRO I C/O 500 N. WESTSHORE BLVD., #700 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11884 KING JAMES CT.</b> <b>CAPE CORAL, FL 33991</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pedro I. Perez* **Pedro I. Perez** Date: 2/6/04 Daytime Phone #: 239-283-9614