

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030692

1. Entity Name
MARIO R. PALOMINO M.D.P.A.



FILED

04 JUL -7 PM 2:50

Principal Place of Business
**1043 SW 142ND PLACE
MIAMI, FL 33184**

Mailing Address
**1043 SW 142ND PLACE
MIAMI, FL 33184**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/04 91208 025 150.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262004

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1681044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALOMINO, MARIO R
1043 SW 142ND PLACE
MIAMI, FL 33184**

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: *M. Palomino*
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**

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 ☐ Delete
NAME **D PALOMINO, MARIO R**
STREET ADDRESS **1043 SW 142ND PLACE**
CITY-ST-ZIP **MIAMI, FL 33184**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *M. Palomino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIO R. PALOMINO M.D. P.A.

1043 SW 142nd Place
Miami Florida 33184

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32134-6198

July 2, 2004

Re: Mario R. Palomino M.D. P.A.
Doc. # P03000030692
Notice of Intent to Dissolve

To whom it may concern:

We received today the notice of intent to dissolve the above referenced corporation. According to our phone conversation with you on July 2, 2002 the division was unable to process our 2004 Annual Report because the Corp I.D. # was missing on line 4 of the report. As I stated on the phone, we have never been notified of that discrepancy. In fact, our payment records indicated that check #1166 for 150.00 was paid by our bank on May 14, 2004.

I am sending you another copy of the report with the I.D. # included.

Thank you for your understanding and I apologize for the inconvenience we. Has cause you.

Sincerely yours,



Mario R. Palomino M.D. P.A.

Mario R. Palomino
President