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May 03, 2004 8:00 am
Secretary of State
05-03-2004 91252 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035123

1. Entity Name
RICARDO PRESAS MD, PA.

Iss'd 04/25/04

94083584

Principal Place of Business	Mailing Address
3305 SW 114 CT MIAMI, FL 33165	3305 SW 114 CT MIAMI, FL 33165

2. Principal Place of Business	3. Mailing Address
11880 SW 40 st	11880 SW 40 st
Suite, Apt #, etc. SUITE 304	Suite, Apt #, etc. SUITE 304
City & State MIAMI. FL	City & State MIAMI, FL
Zip 33175 Country DADE	Zip 33175 Country DADE

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1157797 ☐ 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
MENENDEZ, LIZETH 3305 SW 114 CT MIAMI, FL 33165	Name RICARDO E. PRESAS Street Address (P.O. Box Number is Not Acceptable) 11880 SW 40 ST SUITE 304 City MIAMI. FL Zip Code 33175

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 RICARDO PRESAS [signature] 4.19.04.
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 NAME STREET ADDRESS CITY-ST-ZIP	D ☑ Delete MENENDEZ, LIZETH 3305 SW 114 CT MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete PRESAS, RICARDO 3305 SW 114 CT MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] RICARDO PRESAS 4.19.04 305 2284441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #