

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000056175

1. Entity Name
EDGAR IBANEZ, M.D., P.A.



Principal Place of Business
2609 WOOLBRIGHT ROAD, #4C
BOYNTON BEACH, FL 33436

Mailing Address
2609 WOOLBRIGHT ROAD, #4C
BOYNTON BEACH, FL 33436

FILED

05 JAN 26 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2042521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B ESQ.
ONE SOUTHEAST THIRD AVENUE, SUITE 2200
MIAMI, FL 33131

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IN THIS SPACE

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500045599565

01/28/05--01058--001 **200.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IBANEZ, EDGAR M.D.
2609 WOOLBRIGHT ROAD, #4C
BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05 561-738-1770
Date Daytime Phone #