


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90100 046 ***150.00

DOCUMENT # P03000057240

1. Entity Name
JOSE M. LOPEZ M.D. P.A.



Principal Place of Business Mailing Address

~~4897 CYPRESS WOODS DR APT 6110~~ ~~4897 CYPRESS WOODS DR APT 6110~~
~~ORLANDO, FL 32811~~ ~~ORLANDO, FL 32811~~

2. Principal Place of Business 3. Mailing Address


11530 CLAYMONT CIRCLE *11530 CLAYMONT CIRCLE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

WINDERMERE FLORIDA *WINDERMERE, FLORIDA*

Zip Country Zip Country

34786 *ORANGE* *34786* *ORANGE*



04092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1189553 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, JOSE M
~~4897 CYPRESS WOODS DR APT 6110~~
~~ORLANDO, FL 32811~~

7. Name and Address of New Registered Agent

Name *Jose M. Lopez*

Street Address (P.O. Box Number is Not Acceptable)

City *WINDERMERE* FL Zip Code *34786*

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 *Jose M. Lopez* DATE *4/9/04*

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<i>DIP/T/S</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>LOPEZ, JOSE M</i>	NAME	<i>Jose Lopez</i>
STREET ADDRESS	<i>4897 CYPRESS WOODS DR APT 6110</i>	STREET ADDRESS	<i>11530 CLAYMONT CIRCLE</i>
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>	CITY-ST-ZIP	<i>WINDERMERE, FL 34786</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>RIVERA, CATHERINE</i>	NAME	<i>CATHERINE RIVERA</i>
STREET ADDRESS	<i>4897 CYPRESS WOODS DR APT 6110</i>	STREET ADDRESS	<i>11530 CLAYMONT CIRCLE</i>
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>	CITY-ST-ZIP	<i>WINDERMERE, FL 34786</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jose M. Lopez* DATE: *4/9/04* DAYTIME PHONE #: *407-9018-4413*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR