

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081886

Entity Name: SYLVIA HESSE, M.D., P.A.

FILED  
Mar 19, 2004  
Secretary of State

**Current Principal Place of Business:**

8950 N KENDALL DR, STE 408  
BAPTIST MEDICAL ARTS BLDG  
MIAMI, FL 33176

**New Principal Place of Business:**

7000 S.W. 62 AVENUE  
200  
MIAMI, FL 33143

**Current Mailing Address:**

8950 N KENDALL DR, STE 408  
BAPTIST MEDICAL ARTS BLDG  
MIAMI, FL 33176

**New Mailing Address:**

7000 S.W. 62 AVENUE  
200  
MIAMI, FL 33143

FEI Number: 20-0127679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLOUCHA, L M ESQ  
C/O ATKINSON DINER STONE MANKUTA & PLOUCHA  
1946 TYLER ST  
HOLLYWOOD, FL 330204517 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HESSE, SYLVIA  
Address: 8950 N KENDALL DR, STE 408  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D,P (X) Change ( ) Addition  
Name: HESSE, SYLVIA  
Address: 7000 S.W. 62 AVENUE, #200  
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA HESSE

P

03/19/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date