

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158205

**FILED**  
**Jan 08, 2005**  
**Secretary of State**

**Entity Name:** CARLOS A. SESIN, M.D., P.A.

**Current Principal Place of Business:**

301 NW 57TH AVENUE  
#102  
MIAMI, FL 33126 US

**New Principal Place of Business:**

4302 ALTON ROAD  
SUITE 550  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

225-60TH STREET  
WEST NEW YORK, NJ 07093 US

**New Mailing Address:**

4302 ALTON ROAD  
SUITE 550  
MIAMI BEACH, FL 33140 US

**FEI Number:** 54-2141388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIOTA-SESIN, LEONARDO J.D.  
5950 WEST 16TH STREET  
HIALEAH, FL 33012 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: P ( ) Delete  
Name: SESIN, CARLOS A M.D.  
Address: 225-60TH STREET  
City-St-Zip: WEST NEW YORK, NJ 07093 US

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

Title: P (X) Change ( ) Addition  
Name: SESIN, CARLOS A M.D.  
Address: 100 SOUTH POINTE DRIVE, #1405  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: CARLOS A. SESIN, M.D.

P

01/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date