


Jul 08 05 10:00a

Jorge L Vazquez M D

40'

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
Aug 19, 2005 8:00 am
Secretary of State

07-22-2005 90022 009 ***150.00

DOCUMENT # P04000004131	
1. Entity Name JORGE L. VAZQUEZ, M.D., P.A.	

Principal Place of Business 1668 KERSLEY CIR. HEATHROW FL 32746	Mailing Address 1668 KERSLEY CIR. HEATHROW FL 32746
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1st MOORE

CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 32-0103427	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent W&P SERVICES, INC. 1936 LEE RD., SUITE 101 WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name JORGE L. VAZQUEZ MD PA Street Address (P.O. Box Number is Not Acceptable) 1668 KERSLEY CIRCLE City HEATHROW FL Zip Code 32746	
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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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

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 VAZQUEZ, JORGE L 1668 KERSLEY CIR. HEATHROW FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-18-05

ATTACHMENT

6602590
P04 00000 4131

July 14, 2005

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

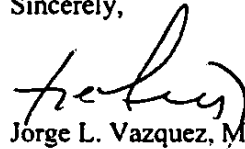
To Whom It May Concern:

Enclosed please find my 2005 For Profit Corporation Annual Report.

I did not receive the notice to file the return. I respectfully request that the additional fee be abated for this year, as this was the first year the corporation was in existence, and I was unaware that the form existed.

Should you have any questions, please feel free to contact me.

Sincerely,



Jorge L. Vazquez, M.D., PA



ATTACHMENT

66025990

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 26, 2005

JORGE L. VAZQUEZ, M.D., P.A.
1668 KERSLEY CIR.
HEATHROW, FL 32746

Subject: JORGE L. VAZQUEZ, M.D., P.A.

Reference Number: P04000004131

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SC

ANNUAL REPORTS SECTION