



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000004131

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



FILED
 05 NOV 15 2:10:46
 07/22/05 90022 009 15600



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
32-0103427 Applied For
 Not Applicable

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

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**
 Street Address (P.O. Box Number is Not Acceptable)
1668 KERSLEY CIRCLE
 City **HEATHROW** FL Zip Code **32746**

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]* (NOTE: Registered Agent signature required when re-registering) DATE **11-1-05**

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 \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	VAZQUEZ, JORGE L	<input type="checkbox"/>
STREET ADDRESS	1668 KERSLEY CIR.	<input type="checkbox"/>
CITY-ST-ZIP	HEATHROW FL 32746	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

700061638217
 11/22/05--01089--015 **600.00

RESTATEMENT 05

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 or other like empowered.

SIGNATURE: *[Signature]* Date **11-1-05** Daytime Phone #