


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90026 038 ***150.00

DOCUMENT # P04000024123

1. Entity Name
HUMBERTO C. MACHADO, JR. M.D.P.A.



Principal Place of Business Mailing Address
173 SOUTH SHORE DRIVE **173 SOUTH SHORE DRIVE**
COCONUT GROVE, FL 33133 **COCONUT GROVE, FL 33133**

50057663



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07192005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
200665740 Not Applicable

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

6. Name and Address of Current Registered Agent

FUERST, MITCHELL S ESQ.
RODRIGUEZ O'DONNELL ROSS FUERST, P.C.
1001 BRICKELL BAY DRIVE, SUITE 1804
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, HUMBERTO C JR MD	
STREET ADDRESS	173 SOUTH SHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Humberto Machado Jr* **7/19/2005** **305 926 9921**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

ATTACHMENT

50057663
#P04000024123

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FLORIDA 32314

FROM: HUMBERTO C. MACHADO
173 SOUTH SHORE DRIVE
COCONUT GROVE, 33133

TO WHOM IT MAY CONCERN
REGARDING Profit Annual Report

I Humberto C. Machado to the best of my knowledge did not receive the annual report notice for the corporation. I would have made the payment in a timely manner. I am sending a check for \$150.00 dollars along with the annual report form. Any question please feel free to reach me at the above address or e-mail me at machadoh@bellsouth.net.

Thank you,



Humberto C. Machado