

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
5/9/2005-90315-001-\$158.75-\$158.75 *
5/9/2005-90315-002-\$8.75-\$8.75 *
FILED

05 JUN -8 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058880 1. Entity Name J. BLEMIL FERNANDEZ M.D. P.A.					
Principal Place of Business 15424 SW 23 RD STE MIAMI, FL 33185			Mailing Address 15424 SW 23 RD STE MIAMI, FL 33185		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05012005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, JUAN B 15424 SW 23 RD STE MIAMI, FL 33185			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 FERNANDEZ, JUAN B 15424 SW 23 RD STE MIAMI, FL 33185 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 my address with all other like empowered.					
SIGNATURE: <u>Juan B. Fernandez</u> JUAN B. FERNANDEZ PRES 04/29/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #					