## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000073061

Entity Name: ALFREDO HEVIA, M.D. P.A.

FILED Mar 09, 2005 Secretary of State

Entity Name: ALI REDOTIEVIA, IVI.D. F.A.	
Current Principal Place of Business:	New Principal Place of Business:
10390 SW 97TH ST MIAMI, FL 33176 US	
Current Mailing Address:	New Mailing Address:
10390 SW 97TH ST MIAMI, FL 33176 US	
FEI Number: 20-1095853 FEI Number Applied	For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered	Agent: Name and Address of New Registered Agent:
HEVIA, ALFREDO 10390 SW 97 ST MIAMI, FL 33134 US	HEVIA, ALFREDO 10390 SW 97 ST MIAMI, FL 33176 US
The above named entity submits this statement in the State of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
SIGNATURE: ALFREDO HEVIA	03/09/2005
Electronic Signature of Reg	istered Agent Date
Election Campaign Financing Trust Fund Contribut	ion ( ).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P ( ) Delete Name: HEVIA, ALFREDO MD Address: 10390 SW 97TH ST City-St-Zip: MIAMI, FL 33176 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VP ( ) Delete Name: HEVIA, NANCY Address: 10390 SW 97TH ST City-St-Zip: MIAMI, FL 33176	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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: ALFREDO HEVIA P 03/09/2005