


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90075 032 \*\*\*150.00

<b>DOCUMENT # P04000103111</b> 1. Entity Name <b>ANIA BENITEZ M.D., P.A.</b>					
Principal Place of Business <b>7300 SW 130TH AVE MIAMI, FL 33183</b>			Mailing Address <b>7300 SW 130TH AVE MIAMI, FL 33183</b>		
2. Principal Place of Business <b>8150 SW 8 ST</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. 			
City & State <b>MIAMI FL</b>		City & State 		4. FEI Number <b>20-1462582</b>	
Zip <b>33144</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENITEZ, ANIA M.D. 7300 SW 130TH AVE MIAMI, FL 33183</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City 		
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 <u>Ania Benitez</u> <span style="float: right;">04/12/05</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENITEZ, ANIA M.D. 7300 SW 130TH AVE MIAMI, FL 33183</b>	<input type="checkbox"/> Delete			
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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: <u>Ania Benitez</u> <span style="float: right;">04/12/05 305-267-4894</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					