


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90229 017 ***150.00

DOCUMENT # P04000130642	
1. Entity Name FEDERICO A. FRIAS, MD, PA	

Principal Place of Business 14163 CATTLE EGRET PLACE BRADENTON FL 34202	Mailing Address 14163 CATTLE EGRET PLACE BRADENTON FL 34202
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2. Principal Place of Business 250 2nd Street East	3. Mailing Address
Suite, Apt. #, etc. suite 3B	Suite, Apt. #, etc.
City & State BRADENTON FL	City & State
Zip 34208	Country USA

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent G&L-AGENT SERVICES, INC. 390 NORTH ORANGE AVENUE SUITE 600 ORLANDO FL 32801	
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4. FEI Number 050608868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 title if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE
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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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FRIAS, FEDERICO A MD 14163 CATTLE EGRET PLACE BRADENTON FL 34202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	4/18/05	(941) 755-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		