


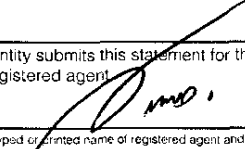
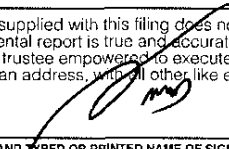
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90294 001 \*6,000.00

**66414216**



DOCUMENT # P92000011138					
1. Entity Name GABRIEL A. COSTA, M.D., P.A.					
Principal Place of Business 3659 SOUTH MIAMI AVENUE SUITE 4001 MIAMI, FL 33133			Mailing Address 410 S.W. 128TH AVENUE MIAMI, FL 33184		
2. Principal Place of Business 3181 Coral Way		3. Mailing Address			
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33145	Country	Zip	Country	4. FEI Number 65-0379918	Applied For Not Applicable
6. Name and Address of Current Registered Agent COSTA, GABRIEL A 3659 SOUTH MIAMI AVE STE #4001 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Costa, Gabriel A Street Address (P.O. Box Number is Not Acceptable) 3181 Coral Way City Miami FL Zip Code 33145		
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					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTA, GABRIEL A	NAME	Costa, Gabriel A		
STREET ADDRESS	3659 S. MIAMI AVE #4001	STREET ADDRESS	3181 Coral Way, Suite 301		
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	Miami, FL 33145		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			Date: 1/3/04 Daytime Phone #: (305) 444-4546		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					