
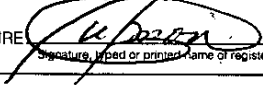



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90010 028 \*\*\*150.00

<b>DOCUMENT # P93000078173</b> 1. Entity Name <b>JUAN A. SIMON MD. PA.</b>					
Principal Place of Business <b>11760 SW 40 ST 306 MIAMI, FL 33175</b>			Mailing Address <b>3230 SW 130TH AVE. MIAMI, FL 33175</b>		
2. Principal Place of Business <b>7800 Coral Way</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>65-0446446</b>	
Zip <b>33155</b>		Country <b>USA</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>SIMON, JUAN A 3230 SW 130TH AVE. MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIMON, JUAN A MD 3230 SW 130TH AVE. MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

00062873



07152005 Chg-P CR2E034 (10/03)

ATTACHMENT  
SV062873

7/6/05

Florida  
Department of state  
Division of corporations.

I'm enclosing \$150 for  
the annual report.

I have never received the  
original form.

Corporation name

Juan A. Simon M.D. PA

P93000078173

Please if any problems  
contact me

Juan A. Simon M.D.



ATTACHMENT

50062873

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 15, 2005

JUAN A. SIMON MD. PA.  
3230 SW 130TH AVE.  
MIAMI, FL 33175

SUBJECT: JUAN A. SIMON MD. PA.  
Ref. Number: R93000078173

We have received your document for JUAN A. SIMON MD. PA., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 005A00046798