

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000088881

1. Entity Name
QUINTANA & PEREZ, M.D., P.A.



Principal Place of Business
800 CENTURY MEDICAL DR
SUITE B
TITUSVILLE, FL 32796

Mailing Address
800 CENTURY MEDICAL DR
SUITE B
TITUSVILLE, FL 32796



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3213774 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUINTANA, MANUEL R
800 CENTURY MEDICAL DR STE B
TITUSVILLE, FL 32796

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000063406
02/23/04-80160-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUINTANA, MANUEL R
STREET ADDRESS	800 CENTURY MEDICAL DR STE B
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	V
NAME	PEREZ, DENIS A
STREET ADDRESS	800 CENTURY MEDICAL DR STE B
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	S
NAME	QUINTANA, MAGALI
STREET ADDRESS	800 CENTURY MEDICAL DR STE B
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	T
NAME	HOFFMEISTER, FRANK
STREET ADDRESS	1870 ALONA AVE STE 240
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Denis Perez* Denis Perez MD Vice President 1/30/04 1-321-383-2122