


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 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
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3213774	Applied For Not Applicable
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 QUINTANA, MANUEL R
 800 CENTURY MEDICAL DR STE B
 TITUSVILLE, FL 32796

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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

000001186394
 01/20/05-80055-012 158.75

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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)(f), 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: Manuel Quintana 1/20/05 (321) 383-2122
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #