


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000003409 1. Entity Name THE HAMMOCKS MEDICAL OFFICES, INC.	
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Principal Place of Business 10201 HAMMOCKS BLVD. SUITE 123 MIAMI, FL 33196	Mailing Address 10201 HAMMOCKS BLVD. SUITE 123 MIAMI, FL 33196
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0471756	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERES-DELGADILLO, JOSE M M.D.
10201 HAMMOCKS BLVD.
SUITE 123
MIAMI, FL 33196

**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 re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERES-DELGADILLO, JOSE M M.D. 15481 SW 96 TERRACE MIAMI, FL 33196
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/05/05-80021-004 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE M. PERES DELGADILLO MD 6/20/05