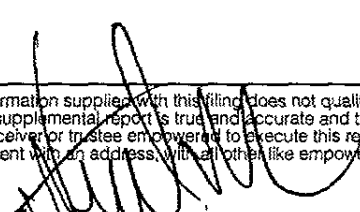


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000003961			
1. Entity Name OCTAVIO P. FERNANDEZ D.C., P.A.			
Principal Place of Business 2645 DOUGLAS RD STE 704 MIAMI, FL 33133 US	Mailing Address 2645 DOUGLAS RD STE 704 MIAMI, FL 33133 US		
DO NOT WRITE IN THIS SPACE			
		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0473048	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, OCTAVIO P 2645 DOUGLAS RD STE 704 MIAMI, FL 33133		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 _____ (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
		U000000152161 05/04/04-80074-019 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, OCTAVIO P 2645 DOUGLAS RD STE 704 MIAMI, FL 33133		
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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: 		4/30/04	305-774-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #