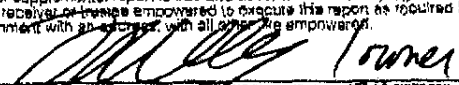


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000011913		
1. Entity Name FERNANDO ALVAREZ-PEREZ, M.D., P.A.		
Principal Place of Business 3681 S MIAMI AVE STE 106 MIAMI, FL 33133 US		Mailing Address 3661 S MIAMI AVE STE 106 MIAMI, FL 33133 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALVAREZ-PEREZ, FERNANDO 3681 S MIAMI AVE STE 106 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 _____ Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when relevant) 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		U00000277711 03/26/05-80040-006 150.00 DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	ALVAREZ-PEREZ, FERNANDO	
STREET ADDRESS	3681 S. MIAMI AVE. #106	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (2.07(3)(j)), 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 exhibit, with all other fee empowered.		
SIGNATURE: 		3/23/05 (30) 8549966
SIGNATURE AND TYPED OR PRINTED NAME OF EXCISE OFFICER OR DIRECTOR		DATE