2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

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Entity Name: ESTEVEZ AND FORK, M.D.'S, P.A.

Current Principal Place of Business:

9960 CENTRAL PARK BLVD S
SUITE 103
BOCA RATON, FL 33428

New Principal Place of Business:

9291 GLADES ROAD
SUITE 203
BOCA RATON, FL 33434

Current Mailing Address:

9960 CENTRAL PARK BLVD S
SUITE 103
BOCA RATON, FL 33428

New Mailing Address:

9291 GLADES ROAD
SUITE 203
BOCA RATON, FL 33434

FEI Number: 65-0471753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTEVEZ, AURORA M
9960 CENTRAL PARK BLVD S
SUITE 103
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

AURORA, ESTEVEZ M M.D.
9291 GLADES ROAD
SUITE 203
BOCA RATON, FL 33434 US

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.

SIGNATURE: AURORA M. ESTEVEZ, M.D. 04/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESTEVEZ, AURORA M
Address: 9960 CENTRAL PARK BLVD S SUITE 103
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete
Name: FORK, TAMILLA A M.D.
Address: 9960 CENTRAL PARK BLVD S
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESTEVEZ, AURORA M M.D.
Address: 9291 GLADES ROAD SUITE 203
City-St-Zip: BOCA RATON, FL 33434

Title: VP (X) Change ( ) Addition
Name: FORK, TAMILLA A M.D.
Address: 9291 GLADES ROAD SUITE 203
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURORA M. ESTEVEZ, M.D. P 04/05/2005
Electronic Signature of Signing Officer or Director Date