

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058783

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** JORGE L. BARROS, M.D., P.A.

**Current Principal Place of Business:**

601 N. FLAMINGO ROAD, STE. 108  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LEJEUNE ROAD  
SUITE 804  
CORAL GABLES, FL 33134

**New Mailing Address:**

2655 S. LEJEUNE ROAD  
SUITE 804  
CORAL GABLES, FL 33134

**FEI Number:** 65-0511583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATES, LESTER G P.A.  
GABLES INTERNATIONAL PLAZA  
2655 LEJEUNE ROAD, SUITE 804  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

KATES, LESTER G P.A.  
GABLES INTERNATIONAL PLAZA  
2655 S. LEJEUNE ROAD, SUITE 804  
CORAL GABLES, FL 33134 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: LESTER G. KATES, ESQ.

04/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDTS ( ) Delete  
Name: BARROS, JORGE L MD  
Address: 601 N. FLAMINGO ROAD, STE. 108  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JORGE L. BARROS, M.D.

PDTS

04/18/2005

Electronic Signature of Signing Officer or Director

Date