

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90019 011 \*\*\*158.75

**DOCUMENT # P94000088650**

**1. Entity Name**  
**L.P.E. MEDICAL SERVICES, INC.**



**Principal Place of Business**

**9621 SW 40TH ST.**  
**MIAMI, FL 33165 US**

**Mailing Address**

**13775 S.W. 23RD TERRACE**  
**MIAMI, FL 33175**



07062004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**65-0538400**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ESCOBAR, LAZARO**  
**13775 S.W. 23RD TERRACE**  
**MIAMI, FL 33175**

**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-registering)

**DATE**

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**LAZARO, PLASENCIA N**  
**3177 S.W. 6 ST.**  
**MIAMI, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VP**  
**ESCOBAR, LAZARO**  
**13775 S.W. 23 TERRACE**  
**MIAMI, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAZARO ESCOBAR**

**7/6/04 (305) 223-1551**

Date

Daytime Phone #

**WE NEVER RECEIVED THE ANNUAL REPORT BY MAIL THIS YEAR**  
**PLEASE DEDUCT THE \$400 LATE FEE CHARGE. THANK YOU.**