

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000012979

1. Entity Name
AVELINO A. GUIRIBITEY, MD. P.A.



Principal Place of Business
12950 S.W. 2ND TERRACE
MIAMI, FL 33184

Mailing Address
12950 S.W. 2ND TERRACE
MIAMI, FL 33184



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0564155

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUIRIBITEY, AVELINO A
12950 S.W. 2ND TERRACE
MIAMI, FL 33184

**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)*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/05

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

TITLE	PSD
NAME	GUIRIBITEY, AVELINO A
STREET ADDRESS	12950 S.W. 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	VD
NAME	GUIRIBITEY, ELSA A
STREET ADDRESS	12950 SW 2ND TERRACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	TD
NAME	GUIRIBITEY, MARIA D
STREET ADDRESS	2939 INDIAN CREEK DR. APT. #507
CITY-ST-ZIP	MIAMI BEACH, FL 331404143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80020-020 150.00

**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: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05

Date

305-559-4587

Daytime Phone #