## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049357

Entity Name: WILLIAM TEJEIRO, M.D., P.A.

**FILED** Mar 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3899 NW 7TH ST., #200 3899 NW 7TH STREET MIAMI, FL 33126

SUITE 200

MIAMI, FL 33126

**Current Mailing Address: New Mailing Address:** 

PO BOX 430106

MIAMI, FL 332430106 US

FEI Number: 65-0590253 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TEJEIRO, WILLIAM TEJEIRO, WILLIAM 3899 NW 7TH STREET 555 E 25TH STREET SUITE 220 SUITE 200 HIALEAH, FL 33013 US MIAMI, FL 33126 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: WILLIAM TEJEIRO 03/03/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PSTD ( ) Delete Title: (X) Change ( ) Addition

TEJEIRO, WILLIAM MD TEJEIRO, WILLIAM MD Name: Name: 555 E 25TH STREET, SUITE 220 3899 NW 7TH STREET SUITE 200 Address: Address:

City-St-Zip: HIALEAH, FL 33013 City-St-Zip: MIAMI, FL 33126 US

( ) Delete Title: Title: (X) Change ( ) Addition

Name: TEJEIRO, LUISA B Name: TEJEIRO, LUISA B

3899 NW 7TH ST., STE 200 Address: 3899 NW 7TH STREET SUITE 200 Address:

MIAMI, FL 33126 MIAMI, FL 33126 US City-St-Zip: 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: WILLIAM TEJEIRO **PSTD** 03/03/2005