

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000060402
 1. Entity Name
 FRANCISCO J. BORJA, M.D., P.A.



Principal Place of Business: 8940 S.W. 88TH STREET, SUITE 101-E, MIAMI, FL 33176
 Mailing Address: 8940 S.W. 88TH STREET, SUITE 101-E, MIAMI, FL 33176



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0597432
 5. Certificate of Status Desired: Applied For, Not Applicable
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BORJA, FRANCISCO J
 8940 S.W. 88TH STREET
 SUITE 101-E
 MIAMI, FL 33176

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: _____ (NOTE: Registered Agent signature required when reinstating) 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

1100000195077
 01/26/05-80015-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORJA, FRANCISCO J 8940 S.W. 88TH STREET, SUITE 101-E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)* FRANCISCO J. BORJA 1/26/05 (305) 275-9556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #