


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # P95000064655**

1. Entity Name  
**LUIS GUTIERREZ - GALATAS, M.D., P.A.**



Principal Place of Business 9990 SW 58 ST MIAMI, FL 33173	Mailing Address 9990 SW 58 ST MIAMI, FL 33173
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**DO NOT WRITE IN THIS SPACE**



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0610491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ-GALATAS, LUIS  
 9990 SW 58 ST  
 MIAMI, FL 33173

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUTIERREZ-GALATAS, LUIS 9990 SW 58 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUTIERREZ-GALATAS, LUIS JR. 9990 SW 58 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUTIERREZ-GALATAS, HERMINIA 9990 SW 58 ST MIAMI, FL 33173
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 03/23/05-80005-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Luis Gutierrez-Galatas M.D. 3/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #