2005 FOR PROFIT CORPORATION ANNUAL REPORT

JUAN M. CANCIO

FILED Apr 02, 2005 08:00 AM

MINIOAL REPORT						Secretary of State			
DOCUMENT # P95000067640 1. Entity Name JUAN M. CANCIO, M.D., P.A.						Se	cretary or	State	
Principal Place of B	ielnece	Mailing Address							
777 E. 25 ST.		777 E. 25 ST.							
STE 510 STE 510									
HIALEAH, FL 330	HIALEAH, FL 33013								
·									
2. Principal Place of Business		3. Mailing Address					# 56 # 5		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005	Chg-P	CR2E034 (10/03)			
City & State		City & State			4. FEI Numb 65-060			oplied For ot Applicable	
Zip	Country	. Zip	Count		5. Certificate	of Status Desired	□ \$8.75 Add Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CANCIO, JUAN M.D.									
777 E. 25 ST.		Street Address (P.O. Box Number is Not Acceptable)							
SUITE 510			·						
HIALEAH, FL S	33013			City			FL Zip Cod	le	
• The shows name	d entity submits this statement	factor number of changing its	register	adaffice or register	ad agent or bo	th in the State of Fig		and accept	
the obligations of	registered agent	the purpose sacrianging its	I O QISCOIL	i suice or registeri				and accept	
1 1 3-30-05 Duliden 7 3-30-05									
SIGNATURE Signature, typed or privide name of registered agent and tide if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO DEE	ICERS AND DIRECTOR	S IN 11	
TITLE D	OTTICENS AN	Delete	TITLE		ADDITIONS		☐ Change	Addition	
	CANCIO, JUAN M M.D.			· I		<u>Jugogo</u> o	284900 T	_	
STREET ADDRESS 1594	STREET ADDRESS 15941 DORNOCH ROUND		STREE			04702705~	80024-009 15	U.W	
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12. I hereby certify that the information supplied with this filling 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 it 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: 3-30-05 305-6917044 SIGNATURE: Date Dayling Phone 4									
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT			Date	Daytime Phone #		