

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


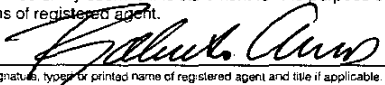

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90018 016 \*\*\*150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000011673			
1. Entity Name ROBERTO ARCE, M.D., P.A.			
Principal Place of Business 11880 SW 40TH ST. STE 210 MIAMI, FL 33175 US		Mailing Address 12430 SOUTHWEST 98TH COURT MIAMI, FL 33176	
2. Principal Place of Business 11020 N. Kendall Dr		3. Mailing Address 12430 SW 98th COURT.	
Suite, Apt. #, etc. Suite 102C		Suite, Apt. #, etc.	
City & State Miami FL		City & State MIAMI, FL	
Zip 33176	Country U.S.A.	Zip 33176	Country USA.
4. FEI Number 65-0647466		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERTO ARCE MD 41880 SW 40TH ST. STE 210 MIAMI, FL 33175		Name Robert Arce, M.D. Street Address (P.O. Box Number is Npt Acceptable) 11020 N. Kendall Dr Suite 102C City Miami FL Zip Code 33176	
12430 SW 98th COURT MIAMI, FL 33176.			
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 		ROBERTO ARCE, M.D. 1/10/2005	
Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCE, ROBERT 12430 SOUTHWEST 98TH COURT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		ROBERTO ARCE, M.D. 1/10/2005 (805) 274-0170	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	