2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2004 8:00 am Secretary of State **DOCUMENT # P96000045034** 05-04-2004 90179 015 ***150.00 1. Entity Name CARMEN C. FERNANDEZ, M.D., P.A. Principal Place of Business Mailing Address 14020136 5000 UNIVERSITY DR. 1408 OBISPO AVE 3RD FLOOR CORAL GABLES, FL 33134 US MIAMI, FL 33146 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0237193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERNANDEZ, CARMEN C 10575 SW 58TH ST MIAMI, FL 33173 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund-Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FERNANDEZ, CARMEN C NAME STREET ADDRESS 10575 SW 58TH ST CITY-ST-ZIP MIAMI, FL 33173 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #