2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 15, 2005 08:00 AM
Secretary of State

	AIIII VAL I	7F1 0171			- C		C C 4 - 4
DOCUMENT # P9600007235 1. Entity Name LUIS F. ANEZ, M.D., P.A.		51		Secretary of Star			
Principal Plac	e of Business	Mailing Address		1	•		
8201 BAY TI	REE LANE	8201 BAY TREE LANE		1			
JACKSONVILL	E, FL 32256	JACKSONVILLE, FL 32256		İ			
		•		1 (50 8) (8 9) (10	i imila dinii wakki Massi Milli	Balle ladis eensa (min bii	AL CONTRACT IN THE
		\$6. 3	Maria de Calendario				
			A Company of the Parket of the			HELLE BERGER THE THE THE FIRE	
				1			
DO NOT WRITE IN THIS SPACE				04122005	No Chg-P	CR2E034 (10/0	03)
				4. FEI Numbe			Applied For
				59-339		_	Not Applicable
		•				\$8.75	Additional
				5. Certificate	of Status Desired	Fee Req	
	6. Name and Address of Current Reg	istered Agent]	22.7 7 32.	N		, and ext
					·		
ANEZ, LUI			l	DΩ	NOT W	RITF	
	TREE LANE		DU	1101, 11	—		
JACKSON	VILLE, FL 32256	1:	IN 7	THIS SP	ACF		
			}			704	
			!				
O Thursday	named entity submits this statement for the	n name of changing its continue	od effice at register	rod const or ho	6 in the State of Flor	rido. Lam familiar u	ith and accept
the above	named entity submits this statement for the ions of registered agent	e purpose of changing its register	ed office of register	red agent, or bot	in an are state or no	ilua, ramanilia v	mii, and accept
SIGNATURE.	<u></u> ,	<u> </u>					
	Signature, typed or printed name of registered agent and t	itle if applicable (NCTE: Registere	d Agent signature required	d when re.nsisting)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	1100000	0308125	
			LJ 740	164 15 (663		-80081-020	159.00
10.	OFFICERS AND DIF	RECTORS	1				
TITLE	P		1				
NAME	ANEZ, LUIS F		1				
STREET ADDRESS	8201 BAY TREE LANE	•	1				
CITY-ST-ZIP	JACKSONVILLE, FL 32256	~ .					
TiTLE					<u> </u>		
NAME							
STREET ADDRESS			Į.				
CITY-ST-ZIP			1				
TITLE					·		
NAME			•				
STREET ADDRESS	, .		l .	D^	NOT W	DITE	
CITY-ST-ZIP			ł	טע	NOT W	KIIE	
TITLE	 		٠ن	INI -	TUIC OF	MOE	
NAME			1	11/4	THIS SF	AUE	
STREET ADDRESS		· -					
CITY-ST-ZIP			Į.				
TITLE			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
NAMÉ			1			•	
STREET ADDRESS			í				
CITY-ST-ZIP			I				
			1				
TITLE NAME							
STREET ADDRESS			1				
CITY-ST-ZIP			1				
		A. A.	1		Ot Classic Provide :	further nestification	ha information
12. Thereby of indicated	cerufy that the information supplied with this on this report or supplemental report is trupporation or the receiver or trustee empower, or on an attachment with an address, with	striling does into quality for the exe reland accurate and that my signs	emption stated in Seture shall have the	ection 119 07(3)(same legal effec	i), riolida statutes 1 et as il made under c	eath; that I am an of	ficer or director
of the cor	rporation or the receiver or trustee empower	ered to execute this report as requ	ired by Chapter 60	7 Florida Statute	es, and that my name	appears in Block	10 or Block 11 if
changed	, or on all attachmient with an address with	1 De me a chameren			/.1~1	` کی	

Date

Caylime Phone #