

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102416

Entity Name: MARIA O. LOPEZ, M.D., P.A.

FILED
Feb 28, 2005
Secretary of State

Current Principal Place of Business:

10111 FOREST HILL BLVD
SUITE 255
WEST PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

2205 SOUNDINGS CT
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 65-0723106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAYNES, DAVID A
222 PICCADILLY STREET
SUITE 100
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: LOPEZ, MARIA O
Address: 10111 FOREST HILL BLVD STE 255
City-St-Zip: W P B, FL 33414

Title: V () Delete
Name: JAWORSKI, SALLI
Address: 10111 FOREST HILL BLVD STE 255
City-St-Zip: W P B, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA O. LOPEZ,MD

OFF

02/28/2005

Electronic Signature of Signing Officer or Director

_____ Date