

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90061 049 ***150.00

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1. Entity Name

JORGE E. ALVAREZ, M.D., P.A.



Principal Place of Business

LAKEWOOD RANCH MOB LLC
8340 LAKEWOOD RANCH BLVD #240
BRADENTON, FL 34202

Mailing Address

LAKEWOOD RANCH MOB LLC
8340 LAKEWOOD RANCH BLVD #240
BRADENTON, FL 34202

50009751



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0723429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JORGE E M.D.
RIVERSIDE MEDICAL CENTER
300 RIVERSIDE DR., EAST SUITE 1700
BRADENTON, FL 34208

**DO NOT WRITE
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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALVAREZ, JORGE E M.D.
STREET ADDRESS 8340 LAKEWOOD RANCH BLVD. #240
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VPD
NAME MC MULLEN, JENNIFER R MD
STREET ADDRESS 8340 LAKEWOOD RANCH BLVD #240
CITY-ST-ZIP BRADENTON, FL 34202

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

(941) 907-3008

Daytime Phone #