

FILED

Aug 02, 2004 08:00 AM  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P97000010622</b>	
1. Entity Name FRANCISCO M. MACIAS, M.D., P.A.	



Principal Place of Business 1800 SW 1ST STREET #201 MIAMI, FL 33135	Mailing Address 1800 SW 1ST STREET #201 MIAMI, FL 33135
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07192004 No Chg-P CR2ED34 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0728017	Application For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MACIAS, FRANCISCO M M.D. 1800 SW 1ST STREET SUITE 201 MIAMI, FL 33135	
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of 100% or primary owner of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW! FEE IS \$550.00  
Due by September 6, 2004**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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00000168912  
08/02/04-80002-018 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACIAS, FRANCISCO M M.D. 2242 CORAL WAY MIAMI, FL 331453509
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 19.07(3)(c) 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 the report as required by Chapter 807, 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: Francisco M. Macias M.D. 7/27/04 (305)2672842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #