

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012980

Entity Name: MARIO M. BAEZ M.D., P.A.

FILED  
Apr 22, 2004  
Secretary of State

**Current Principal Place of Business:**

4274 DANIELSON DR.  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

2240 WOOLBRIGHT ROAD  
SUITE 305  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

4274 DANIELSON DR.  
LAKE WORTH, FL 33467

**New Mailing Address:**

11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33467

FEI Number: 65-0721137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAEZ, MARIO M  
4274 DANIELSON DR.  
LAKE WORTH, FL 33467

**Name and Address of New Registered Agent:**

BAEZ, MARIO M  
11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33467

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

04/22/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAEZ, MARIO M P.A.  
Address: 4274 DANIELSON DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: BAEZ, MARIO M P.A.  
Address: 11742 SUNRISE VIEW LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: S/D ( ) Change (X) Addition  
Name: BAEZ, LYSETTE E SEC.  
Address: 11742 SUNRISE VIEW LANE  
City-St-Zip: WELLINGTON, FL 33467

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: MARIO M. BAEZ, M.D.

Electronic Signature of Signing Officer or Director

P/D

04/22/2004

Date