2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000053469

1. Entity Name
ELMORE A. REYES, M.D., P.A.

Principal Place of Business	Mailing Address
6550 N. FEDERAL HIGHWAY SUITE 240 FORT LAUDERDALE, FL 33308	6550 N. FEDERAL HIGHWAY SUITE 240 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01192005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0759669		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUMA, JEFFREY C
6550 N. FEDERAL HIGHWAY
SUITE 240
FORT LAUDERDALE, FL 33308

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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	D
NAME	REYES, ELMORE A
STREET ADDRESS	3101 N.E. 45TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _Elmore A. Reyes_   1/24/05   954-462-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #