# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 28, 2004**
**Secretary of State**

DOCUMENT# P97000055572

**Entity Name:** DR. FRANCISCO PONS, M.D., P.A.

**Current Principal Place of Business:**

13500 N. KENDELL DR.
131
MIAMI, FL 33186

**New Principal Place of Business:**

13500 N. KENDALL DR.
131
MIAMI, FL 33186

**Current Mailing Address:**

13500 N. KENDELL DR.
131
MIAMI, FL 33186

**New Mailing Address:**

13500 N. KENDALL DR.
131
MIAMI, FL 33186

**FEI Number: 65-0763801** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PONS, FRANCISCO M.D.
13500 N. KENDELL DR. SUITE 131
270
MIAMI, FL 33186 US

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

PONS, FRANCISCO M.D.
13500 N. KENDALL DR. SUITE 131
131
MIAMI, FL 33186 US

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: 01/28/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PONS, FRANCISCO DR.
Address: 13500 N. KENDELL DR. SUITE 131
City-St-Zip: MIAMI, FL 33186

Title: C ( ) Delete
Name: PONS, ELIZABETH S
Address: 13500 N. KENDELL DR. SUITE 131
City-St-Zip: MIAMI, FL 33186

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

Title: PD (X) Change ( ) Addition
Name: PONS, FRANCISCO DR.
Address: 13500 N. KENDALL DR. SUITE 131
City-St-Zip: MIAMI, FL 33186

Title: C (X) Change ( ) Addition
Name: PONS, ELIZABETH S
Address: 13500 N. KENDALL DR. SUITE 131
City-St-Zip: MIAMI, FL 33186

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: DR. FRANCISCO PONS PD 01/28/2004
Electronic Signature of Signing Officer or Director — Date