


2005 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

07-08-2005 90024 030 ***158.75

DOCUMENT # P97000065891			
1. Entity Name JORGE E. RAVELO, M.D., P.A.			
Principal Place of Business 2140 W 68TH STREET SUITE 403 HIALEAH FL 33016		Mailing Address 2140 W 68TH STREET SUITE 403 HIALEAH FL 33016	
2. Principal Place of Business 2140 W. 68th Street		3. Mailing Address 2140 W 68th Street	
Suite, Apt. #, etc. Suite # 307		Suite, Apt. #, etc. Suite 307	
City & State Hialeah FL		City & State Hialeah, FL	
Zip 33016	Country USA	Zip 33016	Country USA
6. Name and Address of Current Registered Agent RAVELO, JORGE E 2140 W 68TH STREET STE 403 HIALEAH FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. RAVELO, JORGE E 2140 W 68TH STREET HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ravelo Jorge E. M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2140 W 68th Street Suite 307 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS RAVELO, ROSA MARIA 2140 W. 68 STREET, STE 403 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSA M. RAVILO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2140 W 68th Street Suite 307 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jorge E. Ravelo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jorge E. Ravelo, M.D., P.A.
Diplomate of the American Board of Surgery

ATTACHMENT

2140 W 68 Street
Suite 307
Hialeah, FL 33016
Tel 305-231-1664
Fax 305-231-9882

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August 2, 2005

To Whom It May Concern:

On January 1, 2005 our suite numbers change from suite 403 to **suite 307**.

On July, 2005 our office down loaded from the internet a copy of the Annual Report (AR) and this was sent to you on July 6, 2005, because we have never received a report by mail from your company. Therefore we kindly request not to be penalized with a late fee.

To avoid similar problems on the future please up date your files with our new address.

If you have any question in regards of this matter, please contact us at:

Jorge E. Ravelo M.D.
2140 W 68th Street
Suite 307
Hialeah, FL 33016
Tel: (305) 231-1664.
Fax: (305) 231-9882

SINCERELY

Rosa Maria Ravelo

Rosa M. Ravelo