FROM : MENBIELA AND ASSOCIATES FAX NO. : 305 567 0564

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Jun 18, 2004 8:00 am
Secretary of State
05-03-2004 91070 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/

DOCUMENT # P97000077518

Entity Name
JORGE L. PEREZ, M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
3010 NORTH BAY ROAD MIAMI BEACH, FL 33140	3010 NORTH BAY ROAD MIAMI BEACH, FL 33140

66428586

DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0779274
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, JORGE L M.D.
3010 NORTH BAY ROAD
MIAMI BEACH, FL 33140

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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: Jorge 4-22-04
Signature, typed or printed Agent of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PEREZ, JORGE L
STREET ADDRESS	3010 NORTH BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 President 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

RAFAEL M. HERNANDEZ, M.D., P.A.
DISEASES AND SURGERY OF THE EYE
1385 CORAL WAY, THIRD FLOOR
MIAMI, FLORIDA 33145
TELEPHONE (305) 854-3307
FAX (305) 854-3130

Doc# P97000077518

RAFAEL M. HERNANDEZ, M.D.
Diplomate, American Board Of Ophthalmology

RAFAEL HERNANDEZ, JR., M.D.
Diplomate, American Board Of Ophthalmology
Refractive Surgery

JORGE L. PEREZ, M.D.
Diplomate, American Board Of Ophthalmology
Refractive Surgery

ALEJANDRA M. PINIELLA, M.D.
Ophthalmology
Refractive Surgery

MARIO A. SABATÉS, M.D.
Diplomate, American Board Of Ophthalmology
Corneal & Refractive Surgery

ANTONIO ROCA, L. OPT.
Contact Lens Specialist

June15, 2004

Florida Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Re: P97000077518

To Whom It May Concern:

Please be advised that I have just been informed by my accountant that there was information missing from my 2004 Corporation Annual Report. As per Katrina's request I am mailing you the said document. Please excuse the delay, my accountant was out of town.

Sincerely,

Jorge L. Perez, M.D.