


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90380 011 \*\*\*150.00

<b>DOCUMENT # P97000078297</b> 1. Entity Name <b>M.F. FERNANDEZ M.D.-KELLY MEDICAL CENTER CO. INC.</b>	
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Principal Place of Business <b>29613 SW 162ND AVE HOMESTEAD, FL 33033-3328 8</b>	Mailing Address <b>29613 SW 162ND AVE HOMESTEAD, FL 33033-3328 8</b>
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**14012090**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0779365</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>FERNANDEZ, MANUEL F 29613 SW 162ND AVE HOMESTEAD, FL 33033-3328</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD FERNANDEZ, MANUEL F 8420 WEST FLAGLER ST #220 MIAMI, FL 33144</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MANUEL F. FERNANDEZ, M.D.**

Date

Daytime Phone #

**04-22-05 (305) 441-6464**