2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P98000019538

Entity Name: CARLOS M. DE. CESPEDES, M.D., P.A.

Current Principal Place of Business:

3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI, FL 33131

New Principal Place of Business:

609 OCEAN DRIVE
APT 11G
KEY BISCAYNE, FL 33149

Current Mailing Address:

3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI, FL 33131

New Mailing Address:

609 OCEAN DRIVE
APT 11G
KEY BISCAYNE, FL 33149

FEI Number: 65-0813071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE CESPEDES, CARLOS M
3661 SOUTH MIAMI AVENUE
SUITE 505
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DE CESPEDES, CARLOS M
609 OCEAN DRIVE
APT 11G
KEY BISCAYNE, FL 33149 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: CARLOS M DE CESPEDES 04/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DE CESPEDES, CARLOS M
Address: 3661 SOUTH MIAMI AVENUE S-505
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DE CESPEDES, CARLOS M
Address: 609 OCEAN DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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: CARLOS M DE CESPEDES MD 04/15/2005
Electronic Signature of Signing Officer or Director Date