

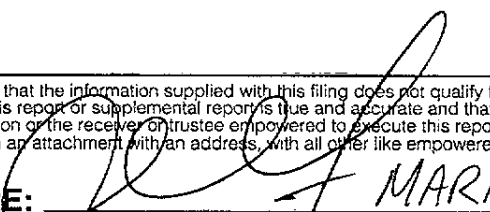


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000031112 1. Entity Name MARIA E. MILANES, M.D., P.A.						 MOORE CR2E034 (11/03)	
Principal Place of Business 4980 WEST 10TH AVENUE SUITE 202 HIALEAH FL 33012				Mailing Address PO BOX 111588 HIALEAH FL 33011-1588			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0828813 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MILANES, MARIA E MD 4980 WEST 10TH AVENUE SUITE 202 HIALEAH FL 33012				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILANES, MARIA E MD 4980 WEST 10TH AVENUE HIALEAH FL 33012			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	U000000016281 01/28/04-80047-024 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	<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:  MARIA E. MILANES, M.D. 01-24-04 305-558-8525							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							