

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # **P98000031112**

1. Entity Name
MARIA E. MILANES, M.D., P.A.



Principal Place of Business
**4980 WEST 10TH AVENUE
SUITE 202
HIALEAH, FL 33012**

Mailing Address
**PO BOX 111588
HIALEAH, FL 33011-1588**



07182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0828813

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILANES, MARIA E MD
4980 WEST 10TH AVENUE
SUITE 202
HIALEAH, FL 33012**

**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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

NAME
D MILANES, MARIA E MD
STREET ADDRESS
4980 WEST 10TH AVENUE
CITY-STATE-ZIP
HIALEAH, FL 33012

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

000000374261
07/25/05-80002-016 150.00

**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 reports 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 07-20-05 ✓ 305-558-8525