
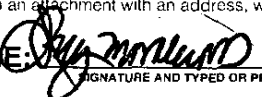


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90406 012 ***150.00

DOCUMENT # P98000032495 1. Entity Name JUAN C. PEREZ-MORALES, M.D., P.A.			
Principal Place of Business 8960 SW 87 CT STE 25 MIAMI, FL 33176 US		Mailing Address 8960 SW 87 CT STE 25 MIAMI, FL 33176 US	
2. Principal Place of Business 8720 N KENDALL DR Suite, Apt. #, etc. Suite 112 City & State Miami FL Zip 33176 Country USA		3. Mailing Address 8720 N KENDALL DR Suite, Apt. #, etc. Suite 112 City & State Miami FL Zip 33176 Country USA	
4. FEI Number 65-0828368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ-MORALES, JUAN C M.D. 8950 N KENDALL DRIVE STE 400W MIAMI, FL 33176		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	PD PEREZ-MORALES, JUAN C M.D. 8960 SW 87 CT STE 25 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perez-Morales, Juan C. MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8720 N KENDALL DR suite 112 Miami FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURILLO, JORGE M.D. 8960 SW 87 CT STE 25 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORGE MURILLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8720 N KENDALL DR suite 112 Miami FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 		Date 4/26/04 Daytime Phone # (305) 595-1594	