2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063555

1. Entity Name

F.A. LEGORBURU M.D., P.A.



Principal Place of Business

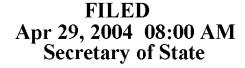
1850 S.W. 8TH STREET

SUITE 210 MIAMI, FL 33135 Mailing Address

1850 S.W. 8TH STREET

SUITE 210

MIAMI, FL 33135





DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 03262004 No Chg-P

4. FEI Number 65-0851918

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davtime Phone #

6. Name and Address of Current Registered Agent

LEGORBURU, EUGENIA 1850 S.W. 8TH STREET SUITE 210 MIAMI, FL 33135

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	tons of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and title 4 a	pplicable (NC	TE. Registered Agent signar	ne required when remain	±ng)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campa Trust Fund Cor		\$5.00 May Added to Fee			
10.	OFFICERS AND DIRECT	ORS		is face of the control of the	5.5.1.25.3.1.4	da oldska samintillad i	-[-][-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEGORBURU, EUGENIA 1850 S.W. 8TH STREET, STE.210 MIAMI, FL 33135						
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indicated of the col	certify that the information supplied with this fill on this report or supplemental report is true ar reporation or the receiver or trustee empowered , or on an attachment with an address, with all	o accurate ano inat lo execula.this repo	i my signature snair It as required by Ch				

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