


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90017 001 \*\*\*150.00  
 01-13-2004 90017 002 \*\*\*\*\*8.75

**DOCUMENT # P98000074669**

1. Entity Name  
**ALEXIS S. GUERRA, M.D., P.A.**



Principal Place of Business Mailing Address  
**7171 CORAL WAY, STE 417 MIAMI, FL 33155**

**66400047**



2. Principal Place of Business 3. Mailing Address  
**1840 W 49th St 1840 W 49th St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 516 # 516**

City & State City & State  
**MIAMI, FL MIAMI, FL**

Zip Country Zip Country  
**33012 33012**

01082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-0868331 Not Applicable**

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

6. Name and Address of Current Registered Agent  
**GUERRA, ALEXIS S M.D.  
 7171 CORAL WAY, STE 417  
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1840 W 49th St.**  
**SUITE # 516**  
 City **MIAMI** FL Zip Code **33012**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUERRA, ALEXIS S M.D. <input type="checkbox"/> Delete <del>7171 CORAL WAY STE 417</del> <del>MIAMI, FL 33155</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUERRA, Alexis S.M.D. 1840 W 49th St. Suite # 516 MIAMI, FL 33012
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Alexis S. Guerra Date: 1/8/03 Daytime Phone #: 305-269-6900