## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080275

Entity Name: JULIO A. ENRIQUEZ, M.D., P.A.

## FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

500 VONDERBURG DR
EAST TOWER, STE 102
BRANDON, FL 33511

500 VONDERBURG DR
EAST TOWER, STE 101-102
BRANDON, FL 335115968 US

Current Mailing Address: New Mailing Address:

500 VONDERBURG DR
EAST TOWER, STE 102
BRANDON, FL 33511

500 VONDERBURG DR
EAST TOWER, STE 102
BRANDON, FL 335115968 US

FEI Number: 59-3530786 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUSTIN, ROBERT M
1718 W BAKER ST
PLANT CITY, FL 33566 US
EAST TOWER STE 102
BRANDON, FL 335115968 US

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.

SIGNATURE: JULIO A ENRIQUEZ MD 01/07/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name: ENRIQUEZ, JULIO A Name: Address: 500 VONDERBURG DR EAST TOWER STE 102 Address:

City-St-Zip: BRANDON, FL 33511 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition
Name: FNRIQUEZ CARMEN Name:

Name:ENRIQUEZ, CARMENName:Address:500 VONDERBURG DR E TOWER STE 102Address:City-St-Zip:BRANDON, FL 33511City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO A ENRIQUEZ MD PD 01/07/2004