


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000108314

1. Entity Name
RAFAEL ALVAREZ M.D., P.A.



Principal Place of Business
**3663 S. MIAMI AVE.
 2ND FL OPERATING ROOM
 MIAMI, FL 33133**

Mailing Address
**4990 HAMMOCK LAKE DR.
 CORAL GABLES, FL 33156**

DO NOT WRITE IN THIS SPACE



07222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0885512

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, RAFAEL
 4990 HAMMOCK LAKE DR.
 CORAL GABLES, FL 33156**

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]*, Yusue Wu, S.T. DATE: 07/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	ST
NAME	WU, YUSUE
STREET ADDRESS	4990 HAMMOCK LAKE DR
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	P
NAME	ALVAREZ, RAFAL
STREET ADDRESS	4990 HAMMOCK LAKE DR
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UD00000375571
 08/04/05-80003-007 150.00

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: *[Signature]*, Yusue Wu, 07/25/05, (305) 213 4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #