
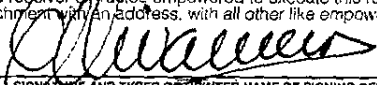


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000002306		
1. Entity Name EDILIA M. VIVANCO M.D., P.A.		
Principal Place of Business 4580 SW 8TH ST. CORAL GABLES, FL 33134-2543		Mailing Address 4580 SW 8TH ST. 2ND FLOOR CORAL GABLES, FL 33134-2543
DO NOT WRITE IN THIS SPACE		
		03112005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0886285		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		
VIVANCO, EDILA M M.D. 4580 SW 8TH ST. CORAL GABLES, FL 33134-2543		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	VIVANCO, EDILIA M	
STREET ADDRESS	8855 COLLINS AVE UNIT 4F	
CITY - ST - ZIP	SURFSIDE, FL 33154	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: 		EDILIA M. VIVANCO M.D. 3/8/05 (305) 443-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #