


FILED
May 07, 2004 8:00 am
Secretary of State

04-26-2004 90548 006 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000003096		
1. Entity Name CECILIA PANLILIO PINEDA, M.D., CORP.		

00460000

Principal Place of Business 2959 ALAFAYA TRAIL SUITE 117 OVIEDO, FL 32765	Mailing Address 2959 ALAFAYA TRAIL SUITE 117 OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3551814	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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 *P. Pineda* *P. Pineda* DATE _____
(Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent's signature required when non-voting)

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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	PSD PINEDA, BOJIE P 2959 ALAFAYA TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEDA, CECILIA P MD 2959 ALAFAYA TRAIL OVIEDO, FL 32765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 fee-empowered.

SIGNATURE: *Bojie P. Pineda* _____
(Signature and typed or printed name of signing officer or director) Date _____
Daynet Phase 8