
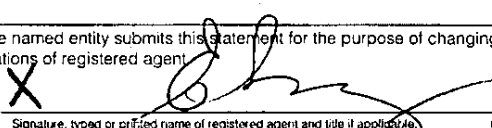
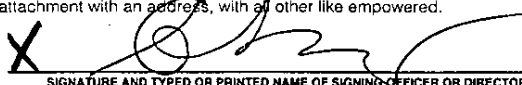


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90034 022 ***150.00

DOCUMENT # P99000022768 1. Entity Name ENRIQUE LOPEZ-MOSCOSO, M.D., P.A.																													
Principal Place of Business 1300 PARK OF COMMERCE, #101 DELRAY BEACH, FL 33445			Mailing Address 1300 PARK OF COMMERCE, #101 DELRAY BEACH, FL 33445																										
2. Principal Place of Business 601 N. Congress Avenue Suite, Apt. #, etc. Suite 403 City & State Delray Beach, Florida Zip 33445		3. Mailing Address 601 N. Congress Avenue Suite, Apt. #, etc. Suite 403 City & State Delray Beach, Florida Zip 33445		4. FEI Number 65-0904144																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LOPEZ-MOSCOSO, ENRIQUE 1300 PARK OF COMMERCE, #101 DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Enrique Lopez-Moscoso, M.D. Street Address (P.O. Box Number is Not Acceptable) 601 N. Congress Avenue, Suite 403 City Delray Beach FL Zip Code 33445																									
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 X 2-2-05																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOPEZ-MOSCOSO, ENRIQUE M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 PARK OF COMMERCE, #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	LOPEZ-MOSCOSO, ENRIQUE M.D.		STREET ADDRESS	1300 PARK OF COMMERCE, #101		CITY-ST-ZIP	DELRAY BEACH, FL 33445		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Enrique Lopez-Moscoso, M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>601 N. Congress Avenue, Suite 403</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Delray Beach, FL 33445</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Enrique Lopez-Moscoso, M.D.		STREET ADDRESS	601 N. Congress Avenue, Suite 403		CITY-ST-ZIP	Delray Beach, FL 33445	
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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: 			DATE X 2-2-05 DAYTIME PHONE # X(561)272-1618																										