



**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

05 JUL 15 AM 10:12

SECURITY OF FLORIDA
PARTIAL

DOCUMENT # P99000025784						
1. Entity Name RODOLFO TREJO, M.D., P.A., NEIGHBORHOOD FAMILY DOCTOR						
Principal Place of Business 4777 N. CONGRESS AVE. BOYNTON BEACH, FL 33426		Mailing Address 4777 N. CONGRESS AVE. LANTANA, FL 33462				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0904558 <table border="1" style="float: right; margin-left: 10px;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
TREJO, RUDOLFO 4777 N. CONGRESS AVE. BOYNTON BEACH, FL 33426		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
		City	FL	Zip Code		
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) DATE</small>						
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TREJO, RODOLFO	NAME	TREJO, RODOLFO			
STREET ADDRESS	14719 TEMPLE BLVD.	STREET ADDRESS	4777 N. CONGRESS AVE			
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP	BOYNTON BEACH, FL 33426			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	40005783-04 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TREJO, BEVERLY	NAME	07/22/05--01031--003 **70.00			
STREET ADDRESS	14719 TEMPLE BLVD.	STREET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME	TREJO, JULIO			
STREET ADDRESS		STREET ADDRESS	21 E. 61 ST			
CITY-ST-ZIP		CITY-ST-ZIP	HIALEAH, FL 33013			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		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: 		Date: 6/8/05 Daytime Phone #: 561-969-1778				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>				