


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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SECURITY STATE  
DATE

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