


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # P99000043889**

1. Entity Name  
**ROBERT URQUIZA, M.D., P.A.**




Principal Place of Business      Mailing Address

**7721 SW 124 TERRACE**      **7721 SW 124 TERRACE**  
**MIAMI, FL 33156**              **MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**

TALLAHASSEE, FLORIDA



04212005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0920950</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**URQUIZA, ROBERT**  
**7721 SW 124 TERRACE**  
**MIAMI, FL 33156**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>URQUIZA, ROBERTO</b>
STREET ADDRESS	<b>7721 SW 124 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**600053931236**  
**05/06/05--01005--002 \*\*150.00**

**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 reports 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_