

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90003 010 ***550.00

DOCUMENT # P99000067009
 1. Entity Name
 REINALDO HERNANDEZ, M.D., P.A.



Principal Place of Business: 7891 S.W. 152ND AVENUE SUITE 5 MIAMI FL 33193
 Mailing Address: P.O BOX 832348 MIAMI FL 33283

2. Principal Place of Business: 11486 SW 186 St
 Suite, Apt. #, etc.: QUAIL ROOST DR
 3. Mailing Address: Suite, Apt. #, etc.

City & State: MIAMI FL
 City & State: Zip: 33157 Country: DADE

Barcode: [Barcode]
 MOORE CR2E034 (11/03)
 Applied For: Not Applicable

6. Name and Address of Current Registered Agent
 HERNANDEZ, REINALDO MD
 7891 S.W. 152ND AVENUE
 SUITE 5
 MIAMI FL 33193

4. FEI Number: 65-0935838
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name: Street Address (P.O. Box Number is Not Acceptable): 11486 SW 186 St / QUAIL ROOST DR
 City: MIAMI FL Zip Code: 33157

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: [Signature] DATE: JUNE 21/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: HERNANDEZ, REINALDO STREET ADDRESS: 7891 SW 152 AVE STE 5 CITY-ST-ZIP: MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE: JUNE 21/2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (305) 251-1554