2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000077499

1. Entity Name
SEVILLE PHYSICIAN'S GROUP, P.A.

Principal Place of Business	Mailing Address
9100 CORAL WAY SUITE 1 MIAMI, FL 33156	P.O. BOX 565670 MIAMI, FL 33256

DO NOT WRITE IN THIS SPACE

02152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0946556	Not Applicable

5. Certificate of Status Desired   X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, ALEJANDRO M.D.
9100 CORAL WAY
SUITE 1
MIAMI, FL 33156

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

**FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00**

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

10.	OFFICERS AND DIRECTORS

TITLE	D
NAME	NAVARRO, ALEJANDRO M.D.
STREET ADDRESS	9100 CORAL WAY SUITE 1
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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03/01/04-80018-018 158.75

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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: _____   ALEJANDRO F. NAVARRO 02/16/2004   305-223-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #