


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000077499 1. Entity Name SEVILLE PHYSICIAN'S GROUP, P.A.	
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Principal Place of Business 9100 CORAL WAY SUITE 1 MIAMI, FL 33156	Mailing Address P.O. BOX 565670 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0946556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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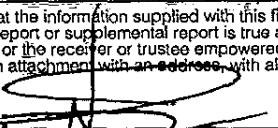
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAVARRO, ALEJANDRO M.D. 9100 CORAL WAY SUITE 1 MIAMI, FL 33156
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04/21/05-80098-007 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 M.D.** 4/15/05 305223-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #