2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT# P99000083669

1. EntityName
JOSE A. LUIS, MD & ASSOCIATES, P.A.

PrincipalPlaceofBusiness	MailingAddress
8500 SW 92ND ST. #104 MIAMI, FL 33173	8500 SW 92ND ST. #104 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

03012004 NoChg-P CR2E034(10/03)

4. FEINumber
59-2482725
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

LUIS, JOSE A
7603 SW 91 AVENUE
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ JOSE A. LUIS, PRES 4-2-04
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhere instating) DATE

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

9. ElectionCampaignFinancing TrustFundContribution ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	LUIS, JOSE A
STREETADDRESS	7603 SW 91 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	LUIS, GISELA
STREETADDRESS	7603 SW 91 AVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000156201
05/05/04-80067-020 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119 07(3)(i),FloridaStatutes Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withalloftheblankseempowered

SIGNATURE: _____ JOSE A. LUIS, PRES 4-2-04 305-279-4446
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#