

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT# P99000083669 1. Entity Name JOSE A. LUIS, MD & ASSOCIATES, P.A.	
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Principal Place of Business 8500 SW 92ND ST. #104 MIAMI, FL 33173	Mailing Address 8500 SW 92ND ST. #104 MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



03012004 NoChg-P CR2E034(10/03)

4. FEIN Number 59-2482725	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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  JOSE A. LUIS, PRES 4-2-04
Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent's signature required when re-instating) DATE

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

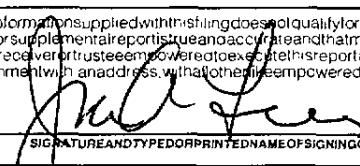
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUIS, JOSE A 7603 SW 91 AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LUIS, GISELA 7603 SW 91 AVE MIAMI, FL 33173
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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 that other I am empowered.

SIGNATURE:  JOSE A. LUIS, PRES 4-2-04 305-279-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#