


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000090693
 1. Entity Name
ARMANDO A. FERNANDEZ, M.D., P.A.



Principal Place of Business Mailing Address
 11001 NW 18TH DRIVE 11001 NW 18TH DRIVE
 PLANTATION, FL 33322 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0955210 Not Applicable

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

6. Name and Address of Current Registered Agent
WALTERS, RONALD J
10168 NW 17TH STREET
CORAL SPRINGS, FL 33071

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERNANDEZ, ARMANDO A
STREET ADDRESS	11001 NW 18TH DRIVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/12/04-80009-007 150.00

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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 files empowered.

SIGNATURE: Armando A. Fernandez 8/7/04 (954) 472-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)