


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000094733**

1. Entity Name  
**LOURDES NIEVES, M.D., P.A.**



Principal Place of Business \_ Mailing Address

**4280 HUNTING TRAIL**                      **4280 HUNTING TRL**  
**LAKE WORTH, FL 33467 US**              **LAKE WORTH, FL 33467**

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

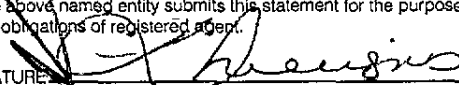
4. FEI Number <b>65-0961559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NIEVES, LOURDES MD**  
**4280 HUNTING TRAIL**  
**LAKE WORTH, FL 33467**

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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**  
**After May 1, 2005 Fee will be \$550.00**

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

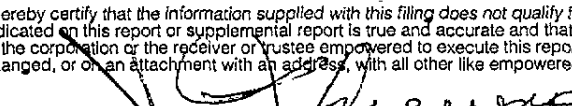
U00000269638  
 03/19/05-80019-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NIEVES, LOURDES</b> <b>4280 HUNTING TRL</b> <b>LAKE WORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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:  DATE: **3/16/05** DAYTIME PHONE #: **561-966-4394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR