

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90082 021 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P99000103278**

1. Entity Name  
 FELIPE ANTONIO DEL VALLE, MD, P.A.

Principal Place of Business  
 9260 SW 72ND STREET  
 SUITE 107  
 MIAMI, FL 33156

Mailing Address  
 9260 SW 72ND STREET  
 SUITE 107  
 MIAMI, FL 33156



FEI# 65-1025446  
 66412023



2. Principal Place of Business  
 9260 SW 72nd street  
 Suite, Apt. #, etc.  
 Suite 107  
 City & State  
 Miami, FL  
 Zip  
 33173  
 Country  
 USA

3. Mailing Address  
 9260 S.W 72 street  
 Suite, Apt. #, etc.  
 Suite 107  
 City & State  
 Miami, FL  
 Zip  
 33173  
 Country  
 USA

4. FEI Number  
 APPLIED FOR 65-1025446  
 Applied For  
 Not Applicable

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

02132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 SMITH, JOSE E  
 132 MINORCA AVENUE  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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 reissuing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEL VALLE, FELIPE A.M.D. 9260 SW 72ND STREET, STE 107 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEL VALLE, ROXANA 12940 S.W. 73 AVENUE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Del Valle, Roxana 12940 SW 73 Avenue Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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: [Signature] 3/25/04 786-63-0518  
 SIGNATURE, PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #