

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 029 ***558.78

DOCUMENT # S00920

1. Entity Name
ESTEVAN ALFONZO RUIZ, M.D., P.A.



Principal Place of Business
**8813 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655 US**

Mailing Address
**8813 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655 US**

44049722



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3026973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUIZ, ESTEVAN A M.D.
8813 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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: *Estevan Ruiz M.D.* 7/20/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	P RUIZ, ESTEVAN A 8813 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655
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**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: *Estevan Ruiz M.D.* 7/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-35-1953