


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90515 026 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S10172
 1. Entity Name
 OSCAR R. GUERRA, M.D., P.A.



Principal Place of Business Mailing Address
~~2151 LE JEUNE ROAD~~ P O BOX 14-5028
~~STE 309~~ CORAL GABLES, FL 33114-5028 US
~~CORAL GABLES, FL 33134 US~~

50045275



2. Principal Place of Business 3. Mailing Address
 836 Ponce de Leon Blvd Suite, Apt. #, etc.

Third Floor City & State

04262005 Chg-P CR2E034 (10/03)

Coral Gables City & State

4. FEI Number Applied For
 65-0227428 Not Applicable

Zip Country Zip Country
 33134 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUERRA, OSCAR R.
~~2151 LE JEUNE ROAD~~
~~STE 309~~
~~CORAL GABLES, FL 33134~~

Name Guerra, Oscar R.
 Street Address (P.O. Box Number is Not Acceptable)
836 Ponce de Leon Blvd.
Third Floor
 City Coral Gables FL Zip Code 33134

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUERRA, OSCAR R., M.D. 2151 LE JEUNE ROAD, STE 309 CORAL GABLES, FL	<input type="checkbox"/> Delete
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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 like empowered.

SIGNATURE: Oscar R. Guerra Date 4-26-05 (305) 446-9658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #