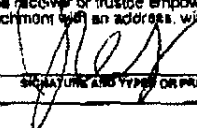


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V00605		
1. Entity Name EDELSTEIN, SALINERO, LLANSO, M.D., P.A.		
Principal Place of Business 400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134 US		Mailing Address 400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDELSTEIN, JAIME DR. 400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134		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 _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when returning) 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDELSTEIN, JAIME DR. 400 UNIVERSITY DR 3 FL CORAL GABLES, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLANSO, RAFAEL DR. 400 UNIVERSITY DR, 3 FL CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALINERO, EFREN 400 UNIVERSITY DR, 3 FL CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOLEDO-VALIDO, MARTHA DR 400 UNIV DR 3 FLOOR CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOAQUIN, JIMENEZ 400 UNIVERSITY DRIVE 3RD FLOOR MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/20/04 305 4446882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone