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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V00605

1. Entity Name
EDELSTEIN, SALINERO, LLANSO, M.D., P.A.

Principal Place of Business	Mailing Address
400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134 US	400 UNIVERSITY DR 3 FL CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0296763
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDELSTEIN, JAIME DR.
400 UNIVERSITY DR
3 FL
CORAL GABLES, FL 33134

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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, type 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, 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	PD
NAME	EDELSTEIN, JAIME DR.
STREET ADDRESS	400 UNIVERSITY DR 3 FL
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	LLANSO, RAFAEL DR.
STREET ADDRESS	400 UNIVERSITY DR, 3 FL
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	SALINERO, EFREN .
STREET ADDRESS	400 UNIVERSITY DR, 3 FL
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	TOLEDO-VALIDO, MARTHA DR
STREET ADDRESS	400 UNIV DR 3 FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	JOAQUIN, JIMENEZ
STREET ADDRESS	400 UNIVERSITY DRIVE 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33134
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)(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: _____ 4/20/04 305 4446882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #