

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00605

FILED  
Jan 05, 2005  
Secretary of State

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

## Current Principal Place of Business:

400 UNIVERSITY DR  
3 FL  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

400 UNIVERSITY DR  
3 FL  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-0298763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

EDELSTEIN, JAIME MD  
400 UNIVERSITY DR  
3 FL  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JAIME EDELSTEIN MD

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EDELSTEIN, JAIME DR.,  
Address: 400 UNIVERSITY DR 3 FL  
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete  
Name: LLANSO, RAFAEL DR.,  
Address: 400 UNIVERSITY DR, 3 FL  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: SALINERO, EFREN .,  
Address: 400 UNIV DR 3 FLOOR  
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete  
Name: TOLEDO-VALIDO, MARTHA DR  
Address: 400 UNIV DR 3 FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: JOAQUIN, JIMENEZ  
Address: 400 UNIVERSITY DRIVE 3RD FLOOR  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EDELSTEIN, JAIME MD  
Address: 400 UNIVERSITY DR 3 FL  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition  
Name: LLANSO, RAFAEL MD  
Address: 400 UNIVERSITY DR, 3 FL  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change ( ) Addition  
Name: SALINERO, EFREN D MD  
Address: 400 UNIVERSITY DR, 3 FL  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition  
Name: TOLEDO-VALIDO, MARTHA MD  
Address: 400 UNIVERSITY DR 3 FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition  
Name: JOAQUIN, JIMENEZ MD  
Address: 400 UNIVERSITY DRIVE 3RD FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME EDELSTEIN, MD.

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date