2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 08:00 AM Secretary of State

ANNUAL KEPUKI				Secretary of State			
1. Entity Nam	MENT # V18242 VALDIVIA JR. MD, P.A.				50	Cictai	y of State
Principal Place 400 ARTHUR STE 406 MIAMI BCH, F	R GODFREY RD	Mailing Address 400 ARTHUR GODFREY RD STE 406 MIAMI BCH, FL 33140 US					TANI BIRKA KURKALA KARIK
DO NOT WRITE IN THIS SPA			CE	04292004	No Chg-P	CR2E034	
				65-033			Not Applicable 8.75 Additional se Required
	6. Name and Address of Current Re	istered Agent				<u>.</u>	
VALDIVIA, JOSE M., JR 400 ARTHUR GODFREY RD STE 406 MIAMI BCH, FL 33140			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 title if applicable INOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				.00 May Be led to Fees	1 1 1 1 1 1 1 1 1 1)	102 150.66
10.	OFFICERS AND DIF	RECTORS	<u> </u>		Liter Con Car	<u> </u>	19 17 [-11 [-11]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALDIVIA, JOSE M JR. 400 ARTHUR GODFREY RD- #406 MIAMI BCH, FL 33140						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-SI-ZIP					NOT W		
TITLE				INI '	THIC CD		

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 of 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 a paddress; with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE

STREET ADDRESS

TO SE AND TYPED OR PRINTED NAME OF STANSHOOD OF CER OR DIRE

tose M. VALDIVIA te. M.D.

4/29/04 (305)5348

Daylime Phone #