


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V53569
 1. Entity Name
FRANKLIN PIMENTEL M.D., P.A.



Principal Place of Business
747 PONCE DE LEON #408 CORAL GABLES, FL 33134 US

Mailing Address
P.O. BOX #14-1218 CAROL GABLES, FL 33114 US



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0346021** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**PIMENTEL, FRANKLIN
 747 PONCE DE LEON #408
 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PIMENTEL, FRANKLIN
STREET ADDRESS	747 PONCE DE LEON
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/16/04-80007-011 550.00

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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)(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:  **7-13-04** **(305) 445-1188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #