


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F08058
 1. Entity Name
 CARLOS A. ZAPATA M.D., P.A.



Principal Place of Business Mailing Address
 1845 JACLIF CT., STE A 1845 JACLIF CT., STE A
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2033933 Not Applicable

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

6. Name and Address of Current Registered Agent
 ZAPATA, CARLOS A., M.D.
 1845 JACLIF CT., STE A
 TALLAHASSEE, FL 32308

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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: Carlos Zapata M.D. P.A. 04-20-2004 DATE
Signature typed or printed name of registered agent, and file if applicable (NOTE: Registered Agent signature required when rechartering)

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	PTD ZAPATA, CARLOS A 1845 JACLIF CT., STE A TALLAHASSEE, FL 00000,
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 04/21/04-80035-015 150.00

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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)(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: Carlos Zapata M.D. P.A. 04-20-2004 8108782112 DATE DAYTIME PHONE #