2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000086140

1. Entity Name

ARTHUR J. PEDREGAL, M.D., P.A.



Principal Place of Business

4710 N HABANA AVE

SUITE 303 TAMPA, FL 33614 Mailing Address

4710 N HABANA AVE SUITE 303

TAMPA, FL 33614

FILED Apr 24, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3670555

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDREGAL, ARTHUR J 4710 N HABANA AVE STE 303 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

	d entity submits this statement for the professional registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent s				a required when reinstating)	DATE
	Will FEE IS \$150.00 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
STREET ADDRESS 4710	OREGAL, ARTHUR J O N AHBANA AVE STE 303 APA, FL 33614	-	 		U00000919743 05/14/08-80016-008 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST-7IP					

12. Thereby certify that the information supplied with this fijing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 emplowered 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2108

813-8797940

Date

Daytime Phone #