

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90037 004 \*\*\*150.00

**DOCUMENT # 476974**

1. Entity Name  
**PUPELLO, BESSONE AND LOPEZ-CUENCA, M.D.'S, P.A.**



Principal Place of Business  
**3003 W M L KING  
TAMPA, FL 33607**

Mailing Address  
**PO BOX 152169  
TAMPA, FL 33684**

**54009556**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1593568**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUPELLO, DENNIS F.  
3003 W M L KING  
TAMPA, FL 33607-3330**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* (NOTE: 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 Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PUPELLO, DENNIS F.	
STREET ADDRESS	2814 W. VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA, FL.,	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ-CUENCA, ENRIQUE	
STREET ADDRESS	2814 W. VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA, FL., 33607	deceased 8/03
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROCK, JOHN C.	
STREET ADDRESS	2814 W. VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA, FL., 33607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALKIRE, MARK J.	
STREET ADDRESS	2814 W. VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA, FL., 33607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IZZO, EDWARD G. JR.	
STREET ADDRESS	2814 W. VIRGINIA AVE.	
CITY-ST-ZIP	TAMPA, FL., 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3003 W. Martin Luther King	
STREET ADDRESS	Tampa FL 33607-3330	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4 Columbia Dr. Ste 860	
CITY-ST-ZIP	Tampa FL 33604	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 Columbia Dr. Ste 860	
STREET ADDRESS	Tampa FL 33606	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 Columbia Dr Ste 860	
STREET ADDRESS	Tampa FL 33604	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 897, 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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 813-875-8988  
Date Daytime Phone #