## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # 537183** 1. Entity Name CARLOS A. ZUBILLAGA, M.D., P.A. Principal Place of Business Mailing Address 3006 US HWY 19 3006 US HWY 19 HOLIDAY, FL 34691 US HOLIDAY, FL 34691 US DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1757282 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ZUBILLAGA, CARLOS A. 3006 US HWY 19 HOLIDAY, FL 34691 IN THIS SPACE

## **FILED** Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90241 016 \*\*\*150.00

1400000

4052005	No Chg-P	CR2E034 (10/03)

Applied For

\$8.75 Additional

Fee Required

Daytime Phone #

Not Applicable

## DO NOT WRITE

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, (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWI!! FEE IS \$150.00 After May. 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	<u></u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUBILLAGA, CARLOS A. 3006 US HWY 19 HOLIDAY, FL 34691						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME REET ADDRESS			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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 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.							

CARLOS A ZUBILLAGA, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: