2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 600401

1. Entity Name
ANTHONY A. FERNANDEZ, M.D., P.A.

Principal Place of Business	Mailing Address
4600 N HABANA AVE STE 16 TAMPA, FL 33614	4600 N HABANA AVE STE 16 TAMPA, FL 33614

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1217914
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, ANTHONY A.
4600 NORTH HABANA AVENUE
SUITE 16
TAMPA, FL

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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

U00000169917
08/12/04-80003-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FERNANDEZ, ANTHONY A.
STREET ADDRESS	4600 N. HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	ECHEVARRIA, EMILIO D.
STREET ADDRESS	4600 N HAVANA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	DOMINGUEZ, GERALD H.
STREET ADDRESS	4600 N HABANA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Anthony A. Fernandez, M.D 8/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

1-813-876-0502
Daytime Phone #