


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600434**  
 1. Entity Name  
 JOSE C. DOMINGUEZ M.D., P.A.



Principal Place of Business  
 4600 NORTH HABANA AVE  
 SUITE 20  
 TAMPA, FL 33614

Mailing Address  
 4600 NORTH HABANA AVE  
 SUITE 20  
 TAMPA, FL 33614



02152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1217490

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DOMINGUEZ, JOSE C. M.D.  
 4600 NORT HABANA AVENUE  
 TAMPA, FL 33614

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DOMINGUEZ, JOSE C
STREET ADDRESS	4600 N HABANA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	FERNANDEZ, ANTHONY
STREET ADDRESS	4600 N HABANA AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	MD
NAME	DOMINGUEZ, JOSE JR
STREET ADDRESS	4600 N. HABAVA AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000001443857  
 03/06/06-80028-014 150.00

12. I hereby certify that the information supplied with this filing 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 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: *J. Dominguez* 2/21/06 813-8779549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #