


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 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**



02022007 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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**

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03/08/07-80033-011 150.00

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: *Jose C. Dominguez* 2-25-07 813-8119449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #