


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 20, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1217490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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 04/04/08-80022-0231150.00

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 Dominguez M.D. President Date: 3/16/08 Daytime Phone #: 813 877 9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR