

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600434

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** JOSE C. DOMINGUEZ M.D., P.A.

**Current Principal Place of Business:**

4600 NORTH HABANA AVE  
SUITE 20  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4600 NORTH HABANA AVE  
SUITE 20  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-1217490      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOMINGUEZ, JOSE C. M.D.  
4600 NORT HABANA AVENUE  
TAMPA, FL 33614    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: DOMINGUEZ, JOSE C  
Address: 4600 N HABANA AVE  
City-St-Zip: TAMPA, FL

Title: D  
Name: FERNANDEZ, ANTHONY  
Address: 4600 N HABANA AVE  
City-St-Zip: TAMPA, FL

Title: MD  
Name: DOMINGUEZ, JOSE JR  
Address: 4600 N. HABAVA AVE  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE C DOMINGUEZ

PRES

03/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date