

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # 685503

1. Entity Name

LUIS T. MENENDEZ, M.D., P.A.



Principal Place of Business
3011 SWANN AVENUE
TAMPA FL 33609

Mailing Address
3011 SWANN AVENUE
TAMPA FL 33609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2020370**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, LUIS T M.D.
3011 SWANN AVENUE
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MENENDEZ, LUIS T., MD
2513 N. DUNDEE ST.
TAMPA FL ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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TAMPA FL ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Luis T. Menendez, MD Luis T. Menendez, MD 04/17/07 (813) 879-8436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #