

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2020370  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

U00000955300  
07/16/08-80010-014 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                                                |                                                               |
|------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MENENDEZ, LUIS T., MD<br>2513 N. DUNDEE ST.<br>TAMPA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MENENDEZ, MERI D<br>2513 N. DUNDEE ST.<br>TAMPA, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Luis T. Menendez M.D.* Luis T. Menendez M.D. 07/14/08 (813)879-8436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #