


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # G15948 1. Entity Name OLIVA AND OLIVA, M.D.'S, P.A.	
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Principal Place of Business 1439 OAKFIELD DR. BRANDON, FL 33511	Mailing Address 1439 OAKFIELD DR. BRANDON, FL 33511
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2293484	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  OLIVA, ROBERT 1439 OAKFIELD DR BRANDON, FL 33511	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIVA, ROBERT J. 1439 OAKFIELD DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OLIVA, ADELA M. 1439 OAKFIELD DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000847533  
 03/19/08-80023-025 150.00

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: Robert J. Oliva 1-15-8 (813) 689-2853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #