

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90002 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G42441

1. Corporation Name

CARLOS LOPEZ, M.D., P.A.

Principal Place of Business

% CARLOS LOPEZ, MD
8011 N. HIMES AVENUE
TAMPA FL 33614

Mailing Address

8011 N. HIMES
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1983

4. FEI Number

59-2310744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

LOPEZ, CARLOS MD
8011 N HIMES AVENUE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	LOPEZ, CARLOS, MD	8011 N. HIMES AVE	TAMPA FL
<input type="checkbox"/> DELETE			
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<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos M. Lopez M.D.

1-8-98 813 (935-3000)

CR2E034 (11/98)

G42441
594968-90002-24

CARLOS M. LOPEZ, M.D., P.A.
Board Certified
American Academy
of Orthopaedic Surgeons



8011 N. Himes Avenue
Tampa, Florida 33614
Phone 935-3000

JULY 13, 1999

Atten: Filing Fee Department

TO WHOM THIS MAY CONCERN:

I have been notified that the check that was sent to you to apply to Document #G2441 for \$150.00 was never recieved. This check was sent out on Jan. 11, 1999 ck.#4772.

I have not recieved at this time any notification that the check has been cashed, So I have since spoke to the Bank and taken necessary measures to stop this 1st check #4772.

I am re-issuing a 2nd check. Please apply to my Document #G42441. I am asking also at this time that you waive the late fee due to the 1st check being sent out in a timely manner prior to May 1, 1999.

Im enclosing copies to show proof that the check was indeed sent to you.

Thank you for your attention to this matter.
Please contact me if needed.

Carlos M. Lopez, M.D., P.A.

Carlos M. Lopez