

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # G42441			
1. Entity 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		 01172007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2310744		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, CARLOS MD 8011 N HIMES AVENUE TAMPA, FL 33614		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, CARLOS, MD 8011 N. HIMES AVE TAMPA, FL		
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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: <i>Carlos Lopez M.D.</i>		1-23-07 813(935-3000)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	