2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# G42441

Entity Name: CARLOS LOPEZ, M.D., P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

8011 N. HIMES AVENUE
TAMPA, FL 33614 US

Current Mailing Address:

8011 N. HIMES
TAMPA, FL 33614 US

New Mailing Address:

8011 N. HIMES AVE.
TAMPA, FL 33614 US

FEI Number: 59-2310744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, CARLOS MD
8011 N HIMES AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOPEZ, CARLOS, MD,
Address: 8011 N. HIMES AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M. LOPEZ, M.D. DP 03/05/2009

Electronic Signature of Signing Officer or Director Date