

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H54806

1. Entity Name
JOSEPH LUPO, M.D., P.A.



Principal Place of Business

**720 W M L KING BLVD
TAMPA, FL 33603**

Mailing Address

**720 W M L KING BLVD
TAMPA, FL 33603**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2506873** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUPO, JOSEPH, M.D.
720 DR. M. L. KING
TAMPA, FL 33603**

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LUPO, JOSEPH, M.D.
STREET ADDRESS	720 W DR M L KING BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80015-011 158.75

**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 I/we empowered.

SIGNATURE:

Joseph Lupo, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 FEB 06 (813) 276-1411

Date

Daytime Phone #