

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90036 048 ***150.00

DOCUMENT # H94754

1. Entity Name

JOSE F. ESTIGARRIBIA, M.D., F.I.C.S., P.A.



Principal Place of Business
4810-26TH ST.,W.
BRADENTON, FL 34207

Mailing Address
4810-26TH ST.,W.
BRADENTON, FL 34207

40000773



DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2623908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTIGARRIBIA, JOSE F.
4810 26TH ST., W.
~~SUITE 2000~~
BRADENTON, FL 34207

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ESTIGARRIBIA, JOSE F.
STREET ADDRESS	4810 26TH ST, W.
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	D
NAME	ESTIGARRIBIA, JOSE F.
STREET ADDRESS	4810 26TH ST, W.
CITY-ST-ZIP	4810 26TH ST, W., BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

SIGNATURE-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE F. ESTIGARRIBIA 01/25/05

Date

941-753-7073

Daytime Phone #