

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1996 08:00 A
Secretary of State

DOCUMENT # **H99750**

(2)

1. Corporation Name

CELPA HEALTH CENTER, INC.



Principal Place of Business

**2702 TAMPA BAY BLVD.
TAMPA FL 33607**

Mailing Address

**2702 TAMPA BAY BLVD.
TAMPA FL 33607**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CELPA, LUIS
12221 WOOD DUCK PLACE
TEMPLE TERRACE FL 33617**

81. Name

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

83. **6809 Bluffs Blvd.**

84. City **Tampa**

FL

85

Zip Code **33617**

3. Date Incorporated or Qualified

02/18/1986

3a. Date of Last Report

01/19/1995

4. FEI Number

59-2681968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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 date of signature)

Signature (typed or printed name of registered agent and date of signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CELPA, LUIS O.	
STREET ADDRESS	12221 WOOD DUCK PLACE	
CITY-STATE-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	6809 Bluffs Blvd.
4. CITY-STATE-ZIP	Tampa, FL 33617
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Director
7. STREET ADDRESS	Alex A. Menendez
8. CITY-STATE-ZIP	2702 - Tampa Bay Blvd.
9. CITY-STATE-ZIP	Tampa, FL 33607
10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	
14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-STATE-ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Alex A. Menendez
Signature and typed or printed name of signing officer or director

464196 (813) 875-4444

CR2E034 (12/95)