

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 033 ***150.00

DOCUMENT # L29827

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



Principal Place of Business
4924 SOUTH SHORE DRIVE
NEW PORT RICHEY, FL 34652 US

Mailing Address
4924 SOUTHSORE DRIVE
NEW PORT RICHEY, FL 34652 US

00001004



01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2995455

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, GARY L
8726 STATE ROAD 54
SUITE E
NEW PORT RICHEY, FL 34653

Name

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

9020 RANCHO DEL RIO DRIVE - STE 101

City NEW PORT RICHEY

FL

Zip Code 34655

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, as 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
PINO, JOSEPH M.D.
4924 SOUTH SHORE DRIVE
NEW PORT RICHEY, FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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:

JOSEPH PINO MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/06 (727) 861-9800

Daytime Phone