

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M71039

1. Entity Name
RAFFINAN & MOSQUERA SUNCOAST MED-CARE, P.A.



Principal Place of Business
**9365 U.S. HWY 19 N. STE E
PINELLAS PARK, FL 33782**

Mailing Address
**9365 U.S. HWY 19 N. STE E
PINELLAS PARK, FL 33782**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2873739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAFFINAN, MARIA R.
9365 U.S. HIGHWAY 19 NORTH, SUITE E
PINELLAS PARK, FL 33782**

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAFFINAN, JOSE A JR.
STREET ADDRESS	9365 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK, FL 33782

TITLE	P
NAME	RAFFINAN, MARIA R
STREET ADDRESS	9365 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK, FL 33782

TITLE	T
NAME	MOSQUERA, BENJAMIN P
STREET ADDRESS	9365 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK, FL 33782

TITLE	S
NAME	MOSQUERA, DOLORES N
STREET ADDRESS	9365 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK, FL 33782

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA RAFFINAN

7/10/06 727-577-0285
Date Daytime Phone #