

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000039357 1. Entity Name OTSENRE E. MATOS, M.D., P.A.			
Principal Place of Business 5330 GEORGE STREET NEW PORT RICHEY, FL 34652		Mailing Address P O BOX 1014 ELFERS, FL 34680	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent GOTTLIEB & GOTTLIEB, P.A. ATTORNEYS & COUNCELORS AT LAW, 2475 ENTERPR ISE RD., STE. 100 CLEARWATER, FL 33763		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, OTSENRE E M.D. 5330 GEORGE STREET NEW PORT RICHEY, FL 34652		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, JOYCE P 5330 GEORGE STREET NEW PORT RICHEY, FL 34652		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="margin-bottom: 10px;"> 607000517857 05/01/06 80062-017 150.00 </div> <h2>DO NOT WRITE IN THIS SPACE</h2>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u><i>Joyce P. Matos</i></u> Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/13/06 727 8492005</u> <small>Date Daytime Phone #</small>	