

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039357

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: OTSENRE E. MATOS, M.D., P.A.

## Current Principal Place of Business:

5330 GEORGE STREET  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

4821 US HWY 19  
SUITE #1  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

P O BOX 1014  
ELFERS, FL 34680

## New Mailing Address:

FEI Number: 59-3642263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOTTLIEB & GOTTLIEB, P.A.  
ATTORNEYS & COUNCELORS AT LAW, 2475 ENTERPR  
ISE RD., STE. 100  
CLEARWATER, FL 33763 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATOS, OTSENRE E M.D.  
Address: 5330 GEORGE STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: MATOS, JOYCE P  
Address: 5330 GEORGE STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MATOS, OTSENRE E M.D.  
Address: 4821 US HWY 19, SUITE #1  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: MATOS, JOYCE P  
Address: 4821 US HWY 19, SUITE #1  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE P MATOS

D

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date