

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000039357

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



Principal Place of Business
4821 US HWY 19
SUITE #1
NEW PORT RICHEY, FL 34652

Mailing Address
P O BOX 1014
ELFERS, FL 34680

DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3642263

Applied For
Not Applicable

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

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

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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000880780
04/15/08-80074-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATOS, OTSENRE E M.D.
STREET ADDRESS	4821 US HWY 19, SUITE #1
CITY- ST- ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	MATOS, JOYCE P
STREET ADDRESS	4821 US HWY 19, SUITE #1
CITY- ST- ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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

4/1/08 (727) 849-2005
Date Daytime Phone #