

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000097428**

1. Entity Name  
RINA DIAZ, M.D., P.A.



Principal Place of Business  
3301 66TH ST N  
ST PETERSBURG, FL 33710

Mailing Address  
3301 66TH ST N  
ST PETERSBURG, FL 33710



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3678797

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DIAZ, RINA M.D.  
3301 66TH ST N  
ST PETERSBURG, FL 33710

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000158116  
05/07/04-80008-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DIAZ, RINA M.D.  
STREET ADDRESS 3301 66TH ST N  
CITY - ST - ZIP ST PETERSBURG, FL 33710

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 exemption stated in Section 119.07(3)(i), 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:** RINA DIAZ, M.D., P.A.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-344-2355 4-28-04  
Date Daytime Phone #