

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000112407

1. Entity Name

JAIME PEREZ, M.D., P.A.



Principal Place of Business

800 W. MARTIN LUTHER KING BLVD
SUITE 1
TAMPA, FL 33603

Mailing Address

800 W. MARTIN LUTHER KING BLVD
SUITE 1
TAMPA, FL 33603



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3654553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, JAIME
800 W. MARTIN LUTHER KING BLVD
SUITE 1
TAMPA, FL 33603

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000782898
01/15/08-80031-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, JAIME
STREET ADDRESS	800 W. MARTIN LUTHER KING BLVD, SUITE 1
CITY-ST-ZIP	TAMPA, FL 33603

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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

Date

Daytime Phone #

1/8/08

83-258-6161