


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000117697
1. Entity Name
EDUARDO E. PASCUAL, M.D., P.A.



Principal Place of Business 3450 E. FLETCHER AVENUE SUITE 110 TAMPA, FL 33613	Mailing Address 3450 E. FLETCHER AVENUE SUITE 110 TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3693032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASCUAL, EDUARDO E
3450 E. FLETCHER AVENUE
SUITE 110
TAMPA, FL 33613

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASCUAL, EDUARDO E 13606 WATERFALL WAY TAMPA, FL 33624
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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 an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo E. Pascual Date: 2/28/06 Daytime Phone #: (813) 541-1124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR