

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117697

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** EDUARDO E. PASCUAL, M.D., P.A.

**Current Principal Place of Business:**

3000 MEDICAL PARK DR  
SUITE 500  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

3000 MEDICAL PARK DR  
SUITE 500  
TAMPA, FL 33613 US

**New Mailing Address:**

**FEI Number:** 59-3693032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASCUAL, EDUARDO E  
3000 MEDICAL PARK DR  
SUITE 500  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

PASCUAL, EDUARDO E MD  
3000 MEDICAL PARK DR  
SUITE 500  
TAMPA, FL 33613 US

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:** EDUARDO E. PASCUAL

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PASCUAL, EDUARDO E  
**Address:** 13606 WATERFALL WAY  
**City-St-Zip:** TAMPA, FL 33624

I hereby 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 all other like empowered.

**SIGNATURE:** IEDUARDO E. PASCUAL

MD

02/18/2011

Electronic Signature of Signing Officer or Director

Date