

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90089 043 ***158.75

DOCUMENT # P01000001951

1. Entity Name

JORGE E. OTERO MD P.A.



Principal Place of Business

6101 WEBB RD., STE 306
TAMPA FL 33615

Mailing Address

6101 WEBB RD., #302
TAMPA FL 33615

24027058

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6101 webb Rd

Suite, Apt. #, etc.

Suite 306

Tampa, FL

Zip

33615

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3691980

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTERO, JORGE E MD
6101 WEBB RD., #302
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete

NAME OTERO, JORGE E MD
STREET ADDRESS 6101 WEBB RD., STE 306
CITY-ST-ZIP TAMPA FL 33615

TITLE S ☐ Delete

NAME OTERO, GLORIA
STREET ADDRESS 6101 WEBB RD., STE 306
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Isolina Otero

Gloria Otero

3-18-04

813-8820141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #