## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000021344

EGBERTO J. ZAYAS, M.D., P.A.



**FILED** Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

13601 BRUCE B. DOWNS

SUITE 310 TAMPA, FL 33647 Mailing Address

PO BOX 48407 TAMPA, FL 33647



DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3703850 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ZAYAS, EGBERTO J M.D. 17347 EMERALD WAY DR TAMPA, FL 33647

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the putions of registered agent.	urpose of changing its registered o	ffice or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Registered Age	ent signaturi	e required when reinstaling)	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	
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYAS, EGBERTO J M.D. 13601 BRUCE B. DOWNS - STE 310 TAMPA, FL 33613		U00000836578 03/04/08-80021-018 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					the month of the section that he had been been as a section of a section of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS { CITY+ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				,	
TITLE NAME STREET ADDRESS		***		,	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplies mental 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 of 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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Zayas MD President

3-615-0777