


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 046 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000065910 1. Entity Name EMMANUEL MOMPI, M.D., P.A.					
Principal Place of Business 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617				Mailing Address 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617	
2. Principal Place of Business 5208 East Fowler Avenue Suite, Apt. #, etc Suite #3 City & State Tampa, Florida Zip 33617		3. Mailing Address 5208 East Fowler Avenue Suite, Apt. #, etc #3 City & State Tampa, Florida Zip 33617		4. FCI Number 59-3496680	
City & State Tampa, Florida Zip 33617		City & State Tampa, Florida Zip 33617		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOMPI, EMMANUEL 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MOMPI, EMMANUEL STREET ADDRESS 5208 EAST FOWLER AVENUE SUITE E CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/25/05 813-983-0700 <small>Date Daytime Phone #</small>		

14006905



04252005 Chg-P CR2E034 (10/03)