


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90251 046 \*\*\*150.00

**DOCUMENT # P03000057240**

1. Entity Name  
**JOSE M. LOPEZ M.D. P.A.**



40097129



Principal Place of Business: **11530 CLAYMONT CIRCLE WINDERMERE, FL 34786**

Mailing Address: **11530 CLAYMONT CIRCLE WINDERMERE, FL 34786**

04282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**65-1189553**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOPEZ, JOSE M**  
**11530 CLAYMONT CIR**  
**WINDERMERE, FL 34786**

**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 reinstating) 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 DIRECTORS**

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE M	
STREET ADDRESS	11530 CLAYMONT CIRCLE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, CATHERINE	
STREET ADDRESS	11530 CLAYMONT CIRCLE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address, with all other filers empowered.

SIGNATURE: *Jose M. Lopez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/08** Daytime Phone #: **407-948-4413**