


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90253 041 \*\*\*150.00

DOCUMENT # P03000102607	
1. Entity Name JULIO R. SANDOVAL, M.D., P.A.	

Principal Place of Business 522 N. AFTER-GLOW CIRCLE CRYSTAL RIVER, FL 34429	Mailing Address 522 N. AFTER-GLOW CIRCLE CRYSTAL RIVER, FL 34429
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**60002989**



2. Principal Place of Business 1817 W. WATROUS AVE. Suite, Apt. #, etc.	3. Mailing Address 1817 W. WATROUS AVE. Suite, Apt. #, etc.
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01122006 Chg-P CR2E034 (11/05)

City & State TAMPA FL.	City & State TAMPA, FL.
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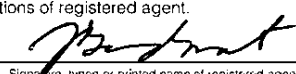
4. FEI Number 65-1206188	Applied For Not Applicable
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Zip 33606	Country Hillborough	Zip 33606	Country Hillborough
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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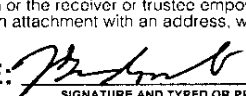
6. Name and Address of Current Registered Agent SANDOVAL, JULIO R M.D. 522 N. AFTER-GLOW CIRCLE CRYSTAL RIVER, FL 34429	
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7. Name and Address of New Registered Agent Name JULIO R. SANDOVAL Street Address (P.O. Box Number is Not Acceptable) 1817 W. WATROUS AVE. City TAMPA FL Zip Code 33606	
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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 	DATE 1/12/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDOVAL, JULIO R M.D. 522 N. AFTER-GLOW CIRCLE CRYSTAL RIVER, FL 34429 <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
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 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 like empowered.	
SIGNATURE: 	DATE 01/12/06