

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

60002989

2. Principal Place of Business: 1817 W. WATROUS AVE.
 3. Mailing Address: 1817 W. WATROUS AVE



01122006 Chg-P CR2E034 (11/05)

City & State: TAMPA FL. TAMPA, FL.

4. FEI Number: 65-1206188
 Applied For: Not Applicable

Zip: 33606 Hillborough
 Country: Hillborough

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

6. Name and Address of Current Registered Agent
 SANDOVAL, JULIO R M.D.
 522 N. AFTER-GLOW CIRCLE
 CRYSTAL RIVER, FL 34429

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

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]* JULIO R. SANDOVAL 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: SANDOVAL, JULIO R M.D.	
STREET ADDRESS: 522 N. AFTER-GLOW CIRCLE	
CITY-ST-ZIP: CRYSTAL RIVER, FL 34429	
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:	
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 like empowered.
 SIGNATURE: *[Signature]* JULIO R. SANDOVAL-PRINC. DATE: 01/12/06 DAYTIME PHONE #: 813-251-2971