

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103249	
1. Entity Name LIZETTE S. HERNANDEZ, M.D., P.A.	
Principal Place of Business 3709 W. HAMILTON AVE. SUITE I TAMPA, FL 33614	Mailing Address 3709 W. HAMILTON AVE. SUITE I TAMPA, FL 33614



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 77-0608517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HERNANDEZ, LIZETTE 3709 W. HAMILTON AVE. SUITE I TAMPA, FL 33614
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**DO NOT WRITE  
IN THIS SPACE**

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-issuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LIZETTE S 3709 W. HAMILTON AVE. SUITE I TAMPA, FL 33614
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08/04/08-80006-007 150.00

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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: *Lizette Hernandez* 7/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #