


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90485 032 ***150.00

DOCUMENT # P03000119357			
1. Entity Name CLAUDIO V. BOCADO, M.D., P.A.			
Principal Place of Business 13701 BRUCE B DOWNS BLVD SUITE 113 TAMPA, FL 33613 US		Mailing Address 446 SPRADLIN BRANCH PRESTONSBURG, KY 41653 US	
2. Principal Place of Business		3. Mailing Address <i>25731 SANTOS WAY</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Wesley Chapel, FL</i>	
Zip	Country	Zip	Country
<i>33544</i>		<i>33544</i>	<i>US</i>
4. FEI Number <i>20-0325982</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'NEAL, HENRY J M.D. 13701 BRUCE B DOWNS BLVD SUITE 113 TAMPA, FL 33613		Name <i>Claudio V. Bocado, M.D</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>25731 Santos Way</i>	
		City <i>Wesley Chapel</i>	
		FL Zip Code <i>33544</i>	
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 <i>Claudio V. Bocado, M.D.</i> ✓		DATE ✓	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS BOCADO, CLAUDIO V M.D. 446 SPRADLIN BRANCH PRESTONSBURG, KY 41653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13701 Bruce B. Downs Blvd # 113 TAMPA, FL, 33613</i>
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: <i>Claudio V. Bocado, M.D.</i> ✓		<i>Claudio V. Bocado</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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