


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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| 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 Suite, Apt. #, etc. | | 3. Mailing Address 25731 SANTOS WAY Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Wesley Chapel, FL Zip 33544 | | 4. FEI Number 20-0325982 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent O'NEAL, HENRY J M.D. 13701 BRUCE B DOWNS BLVD SUITE 113 TAMPA, FL 33613 | | | 7. Name and Address of New Registered Agent Name CLAUDIO V. BOCADO, M.D. Street Address (P.O. Box Number is Not Acceptable) 25731 SANTOS WAY City Wesley Chapel FL Zip Code 33544 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Claudio V. Bocado, M.D.</u> ✓ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P.D.T.S.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOCADO, CLAUDIO V M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>446 SPRADLIN BRANCH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PRESTONSBURG, KY 41653</td> <td></td> </tr> </table> | | | TITLE | P.D.T.S. | <input type="checkbox"/> Delete | NAME | BOCADO, CLAUDIO V M.D. | | STREET ADDRESS | 446 SPRADLIN BRANCH | | CITY-ST-ZIP | PRESTONSBURG, KY 41653 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">13701 Bruce B. Downs Blvd # 113</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TAMPA, FL, 33613</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | 13701 Bruce B. Downs Blvd # 113 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | TAMPA, FL, 33613 | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: <u>Claudio V. Bocado, M.D.</u> ✓ <u>Claudio V. Bocado</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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01092004 Chg-P CR2E034 (10/03)