



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

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 25731 SANTOS WAY WESLWY CHAPEL, FL 33544 US
DO NOT WRITE IN THIS SPACE		
		 03092006 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0325982 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 BOCADO, CLAUDIO V MD 25731 SANTOS WAY WESLEY CHAPEL, FL 33544		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS BOCADO, CLAUDIO V M.D. 13701 BRUCE B. DOWNS BLVD., #113 TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: CLAUDIO V. BOCADO, MD PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		U00000486288 04/13/06-80031-010 150.00 3/28/06 <small>Date Daytime Phone #</small>