
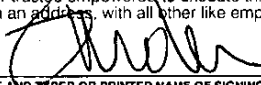


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90032 021 \*\*\*150.00

<b>DOCUMENT # P04000011420</b> 1. Entity Name <b>JOSEPH MOLEA, M.D., P.A.</b>																											
Principal Place of Business <b>2078 CAROLINE AVE., N.E. ST. PETERSBURG, FL 33703</b>		Mailing Address <b>2078 CAROLINE AVE., N.E. ST. PETERSBURG, FL 33703</b>																									
2. Principal Place of Business <b>825 W. Linebaugh Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>825 W. Linebaugh Avenue</b> Suite, Apt. #, etc.																									
City & State <b>Tampa, Florida</b> Zip Country <b>33612-7855 Hillsborough</b>		City & State <b>Tampa, Florida</b> Zip Country <b>33612-7855 Hillsborough</b>																									
4. FEI Number <b>20-0614442</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>LOPEZ, AL R JR. 4600 W. CYPRESS STREET, STE. 500 TAMPA, FL 33607-4024</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D MOLEA, JOSEPH M.D.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2078 CAROLINE AVE., N.E.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ST. PETERSBURG, FL 33703</td> </tr> </table>		TITLE	D MOLEA, JOSEPH M.D.	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	2078 CAROLINE AVE., N.E.		CITY-ST-ZIP	ST. PETERSBURG, FL 33703		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%;">D/P/S/T MOLEA, JOSEPH M.D.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">825 W. Linebaugh Avenue</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Tampa, FL 33612-7855</td> </tr> </table>		TITLE	D/P/S/T MOLEA, JOSEPH M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	825 W. Linebaugh Avenue		CITY-ST-ZIP	Tampa, FL 33612-7855	
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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.																											
<b>SIGNATURE:</b> 		Date <b>3/6/05</b> Daytime Phone # <b>(813) 781-5880</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Joseph Molea, M.D., President</b>																											