

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011420

Entity Name: JOSEPH MOLEA, M.D., P.A.

FILED
Feb 10, 2006
Secretary of State

Current Principal Place of Business:

825 W LINEBAUGH AVENUE
TAMPA, FL 336127855

New Principal Place of Business:

5820 WEST CYPRESS AVE.
SUITE B
TAMPA, FL 33607

Current Mailing Address:

825 W LINEBAUGH AVENUE
TAMPA, FL 336127855

New Mailing Address:

5820 WEST CYPRESS AVE.
SUITE B
TAMPA, FL 33607

FEI Number: 20-0614442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, AL R JR.
4600 W. CYPRESS STREET, STE. 500
TAMPA, FL 336074024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MOLEA, JOSEPH M.D.
Address: 825 W LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 336127855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MOLEA, JOSEPH M.D.
Address: 1994 CAROLINE CIRCLE, N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOS. MOLEA, MD

DPST

02/10/2006

Electronic Signature of Signing Officer or Director

Date