

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90238 049 \*\*\*158.75

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05082006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000011069</b>					
1. Entity Name JOSE IGNACIO LOPEZ, M.D., P.A.					
Principal Place of Business 6301 MEMORIAL HWY SUITE 204 TAMPA, FL 33615			Mailing Address 6301 MEMORIAL HWY SUITE 204 TAMPA, FL 33615		
2. Principal Place of Business 6101 WEBB ROAD Suite, Apt. #, etc. SUITE 209		3. Mailing Address 6101 WEBB ROAD Suite, Apt. #, etc. SUITE 209		4. FEI Number 20-2444201	
City & State TAMPA, FL		City & State TAMPA, FL		Applied For Not Applicable	
Zip 33615		Country HILLSBOROUGH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOSE I M.D. 6301 MEMORIAL HWY SUITE 204 TAMPA, FL 33615				7. Name and Address of New Registered Agent Name JOSE I. LOPEZ, M.D. Street Address (P.O. Box Number is Not Acceptable) 6101 WEBB ROAD SUITE 209 City TAMPA FL Zip Code 33615	
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: JOSE I. LOPEZ, M.D. DATE: 5/8/2006					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JOSE I M.D. 12101 CANTEBURY PARK CT. TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE I. LOPEZ, MD 6101 WEBB ROAD SUITE 209 TAMPA, FL 33615	<input checked="" 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
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
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 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: JOSE I. LOPEZ, M.D.				Date: 5/8/2006 (813)890-8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	