

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000046547

1. Entity Name

MARIO A. MENDIZABAL, M.D., P.A.



Principal Place of Business

700 S.E. 5TH. TERRACE
SUITE 3
CRYSTAL RIVER, FL 34429 US

Mailing Address

700 S.E. 5TH. TERRACE
SUITE 3
CRYSTAL RIVER, FL 34429 US

DO NOT WRITE IN THIS SPACE



02172008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-4605005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDIZABAL, MARIO A
700 S.E. 5TH. TERRACE
SUITE 3
CRYSTAL RIVER, FL 34429

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
MENDIZABAL, MARIO A
700 S.E. 5TH. TERRACE SUITE 3
CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MENDIZABAL, MARIO A
700 S.E. 5TH. TERRACE SUITE 3
CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER
MENDIZABAL, MARIO A
700 S.E. 5TH. TERRACE SUITE 3
CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER
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NAME
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CRYSTAL RIVER, FL 34429

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:

Mario Mendizabal

2-18-08

352 795 5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2008 FEB 20 08:00 AM
SECRETARY OF STATE