


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

|  |  |   |
|--|--|---|
| DOCUMENT # P06000100682  |  |    |
| 1. Entity Name<br>R. MAURICE BONILLA, M.D., P.A.   |  |   |
| Principal Place of Business<br>905 W PLATT ST<br>TAMPA, FL 33606   |  | Mailing Address<br>905 W PLATT ST<br>TAMPA, FL 33606  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br>BONILLA, R. MAURICE<br>905 W PLATT ST<br>TAMPA, FL 33606  |  |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 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.<br>SIGNATURE: <u>R. Maurice Bonilla, M.D.</u> U00000954090 07/10/08-80070-004 \$50.00<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small> DATE  |  |   |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 12, 2008   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>BONILLA, R. MAURICE<br>905 W PLATT ST<br>TAMPA, FL 33606 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>BONILLA, CAROL J<br>905 W PLATT ST<br>TAMPA, FL 33606    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>R. Maurice Bonilla, M.D.</u> 7/7/08 8132540222<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>   |  |   |

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>16-1788819   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |                               |

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