

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90199 036 ***158.75

DOCUMENT # P06000115529

1. Entity Name
YVONNE SANTIAGO M.D. P.A.



Principal Place of Business
19239 N DALE MABRY HWY
LUTZ, FL 33548-5067

Mailing Address
19239 N DALE MABRY HWY
LUTZ, FL 33548-5067

40086000



2. Principal Place of Business - No P.O. Box #
16590 N DALE MABRY HWY
Suite, Apt. #, etc.

3. Mailing Address
16590 N DALE MABRY HWY
Suite, Apt. #, etc.

04222007 Chg-P CR2E034 (12/06)

City & State
Tampa, FL
Zip
33618

City & State
Tampa, FL
Zip
33618

4. FEI Number
20-5509210
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, YVONNE
19239 N DALE MABRY HWY
LUTZ, FL 33548-5067

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
16590 N DALE MABRY HWY
City Tampa FL Zip Code 33618

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]

YVONNE SANTIAGO, MD

4/24/07

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, 2007 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
DPS
SANTIAGO, YVONNE
19239 N DALE MABRY HWY
LUTZ, FL 335485067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
16590 N DALE MABRY HWY
Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

[Signature] YVONNE SANTIAGO, MD

4/24/07 813-960-7959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #