2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

04-24-2007 90015 009 ***150.00

DOCUMENT # P06000134092

1. Entity Name
RAFAEL E. FUENTES, M.S., P.A.

Principal Place of Business	Mailing Address
4073 DOLPHIN DRIVE TAMPA FL 33617	4073 DOLPHIN DRIVE TAMPA FL 33617

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8019 N. Himes Ave.			
Suite, Apt. #, etc.: Suite 400		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State	
Zip: 33614	Country: USA	Zip	Country

4. FEI Number 20-5832925 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
4073 DOLPHIN DRIVE
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUENTES, RAFAEL E 4073 DOLPHIN DRIVE TAMPA FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rafael E. Fuentes / President — Apr 14 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

1912001337

Your Telephone Number	Best Time to Call
(813)732-6876	12 PM or 4PM

DATE OF THIS NOTICE: 11-13-2006
EMPLOYER IDENTIFICATION NUMBER: 20-5832925
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

RAFAEL E FUENTES MS PA
4073 DOLPHIN DRIVE
TAMPA FL 33617

ATTACHMENT

6660038
#PU4001340692