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Jun 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037578 (9)

1. Corporation Name

PEDRO U DE LA ROSA COSTA PA

Principal Place of Business

7001 N. DALE MABRY
SUITE 4
TAMPA FL 33614

Mailing Address

7001 N. DALE MABRY
SUITE 4
TAMPA FL 33614-3910

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

21 7001 N. DALE MABRY

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Tampa, FL

Zip

24 33614

Country

25 U.S.

2a. Mailing Address

26 7001 N. DALE MABRY

Suite, Apt. #, etc.

27 Suite 4

City & State

28 Tampa FL

Zip

29 33614

Country

30 U.S.

4. FEI Number

59-3245826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

DE LA ROSA, PEDRO U
3242 CULLENDALE DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

DE LA ROSA, PEDRO U.

82 Street Address (P.O. Box Number is Not Acceptable)

3242 CULLENDALE DR.

83

84 City

TAMPA

FL

85 Zip Code

33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

3-21-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DE LA ROSA, PEDRO U
STREET ADDRESS 3242 CULLENDALE DRIVE
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

3-21-97

813-915

CR2E034 (9/96)

PEDRO U. DE LA ROSA COSTA, M.D., P.A.

INTERNAL MEDICINE HEMATOLOGY ONCOLOGY
DIPLOMATE OF AMERICAN BOARD OF INTERNAL MEDICINE

7001 N. DALE MABRY, SUITE 4
TAMPA, FLORIDA 33614

(813) 915-9000 • 915-9185
FAX (813) 915-9225

May 6, 1997

To whom it may concern:

I hereby notify you that our office has moved.

Our new address is the following:

7001 N. Dale Mabry Ste.# 6
Tampa, FL 33614

In addition, I would like to confirm that our new fax number
is 930-2701.

Sincerely,



Pedro U. De La Rosa, M.D.