

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058359

Entity Name: HECTOR S. PABON, M.D., P.A.

FILED
Sep 08, 2005
Secretary of State

Current Principal Place of Business:

5837 W MARINER ST
TAMPA, FL 33609

New Principal Place of Business:

5002 ADDISON CT.
TAMPA, FL 33624

Current Mailing Address:

5837 W MARINER ST
TAMPA, FL 33609

New Mailing Address:

5002 ADDISON CT
TAMPA, FL 33624

FEI Number: 59-3268417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABON, HECTOR S M.D.
5837 W MARINER ST
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

PABON, HECTOR S M.D.
5002 ADDISON CT
TAMPA, FL 33624 US

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.

SIGNATURE:

09/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PABON, HECTOR S MD
Address: 5837 W MARINER ST
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PABON, HECTOR S MD
Address: 5002 ADDISON CT
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR S. PABON MD

PRES

09/08/2005

Electronic Signature of Signing Officer or Director

Date