## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**EET ADDRESS** 

GNATURE:

## Jan 23, 2006 08:00 AM **Secretary of State** IOCUMENT # P96000017622 DR OF TAMPA, INC. Mailing Address incipal Place of Business 1814 N. CORTEZ STREET **4814 N. CORTEZ STREET** AMPA, FL 33614 **TAMPA, FL 33614** 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3364292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DMAN, HECTOR A DO NOT WRITE 814 N. CORTEZ STREET AMPA, FL 33614 IN THIS SPACE 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. It am familiar with, and accept the obligations of registered agent. (FKCTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 01/30/06-80086-013 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ROMAN, HECTOR 4814 N. CORTEZ STREET EET ADDITESS TAMPA, FL 33614 -51-712 LEET ADDRESS 5-51-17 TET ADDRESS DO NOT WRITE 1-51-2P IN THIS SPACE REET ADDRESS ্ৰেডা ফ icz i addiness

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 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 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 the corporation of the receiver of trustee empowered.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Daytime Phone #

**FILED**