

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90022 029 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000042447**  
 I. Corporation Name

EMILIO F. LASTARRIA, M.D., P.A.

## Principal Place of Business

13615 BRUCE B. DOWNS BLVD. #113  
 TAMPA FL 33613-4658

## Mailing Address

13615 BRUCE B. DOWNS BLVD. #113  
 TAMPA FL 33613-4658

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

05/17/1996

## 4. FEI Number

59-3407535

## Applied For

Not Applicable

## 5. "Certificate" of Status Desired

☐

**\$8.75** Additional  
 Fee Required

## 6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
 Added to Fees

## 8. This corporation owes the current year Intangible Personal Property.

☐Yes ☐ No

## Principal Place of Business

## 2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 9. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A  
 13577 FEATHER SOUND DRIVE  
 SUITE 300  
 CLEARWATER FL 34622

## 10. Name and Address of New Registered Agent

81 Name **Emilio Lastarria**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**13615 Bruce B. Downs Blvd #113**  
 83  
 84 City **Tampa** **FL** 85 Zip Code **33613**

1. 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, in 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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

6-30-99

DATE

## OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	LASTARRIA, EMILIO	<input type="checkbox"/> DELETE
2. STREET ADDRESS	13615 BRUCE B DOWEN BLVD.	
3. CITY-STATE-ZIP	TAMPA FL	
4. NAME		<input type="checkbox"/> DELETE
5. STREET ADDRESS		
6. CITY-STATE-ZIP		
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	13615 Bruce B. Downs Blvd #113	
1.4 CITY-STATE-ZIP	Tampa, FL 33613	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

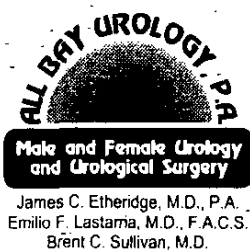
Date

Daytime Phone #

6-30-99 813-971-9850

CR2E034 (5/99)

PA6000042447  
607073-90006-6



TO: FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

FEI # 59-3407535  
Document # P96000042447

\* \* \* \* \* S E C O N D   R E S P O N S E \* \* \* \* \*

Per my phone call to 1-850- 487-6059 (KATHY HIMAN) on July 19, 1999  
@ 4:02 p.m. I AM NOT REQUIRED TO PAY THE \$400.00 late fee if I explained  
that we had never received the ORIGINAL INVOICE....

This will be my second letter which you casually must have disregarded the 1st  
when it was attached to the Annual Report Filing Document changes.  
THIS letter that was previously written EVEN explained you had the  
wrong spelling of the address PLUS the registered agent was simply  
the individual who wrote up the original corporate papers.

So now, twice I have been told by a Kevin @ DEPT of STATE back in  
June and now today, KATHY HIMAN @ Dept of State that with this letter  
and explanation I AM NOT REQUIRED TO PAY THE LATE FEE and can be waived  
this one time only !!

If you have any doubt, please call KATH HIMAN at the above number.

Signed

  
Emilio Lastarra