

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066572

Entity Name: FERNANDO ESCLOPIS, M.D., P.A.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

7201 N. UNIVERSITY DRIVE
DEPARTMENT OF PATHOLOGY
TAMARAC, FL 33321

Current Mailing Address:

1845 N. W. 10 ST
DELRAY BEACH, FL 33445

New Principal Place of Business:

6201 N. SUNCOAST BLVD
DEPARTMENT OF PATHOLOGY
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

12446 W. CHECKERBERRY DR.
CRYSTAL RIVER, FL 34428 US

FEI Number: 65-0690627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, DOUGLAS H
4875 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESCLOPIS, FERNANDO MD
Address: 7201 N. UNIVERSITY DR., DEPT. OF PATHOLOGY
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ESCLOPIS, FERNANDO MD
Address: 6201 N. SUNCOAST BLVD., DEPT. OF PATHOLOGY
City-St-Zip: CRYSTAL RIVER, FL 34426 US

Title: V.P. () Change (X) Addition
Name: ESCLOPIS, NANCY M RN
Address: 34426 N. CHECKERBERRY DR.
City-St-Zip: CRYSTAL RIVER, FL 34426

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FERNANDO A. ESCLOPIS

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

Date