

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000053338**

1. Entity Name  
**JOSE F. PASCUAL, M.D., P.A.**



Principal Place of Business  
**13910 LAKESHORE BLVD., STE. 140  
HUDSON, FL 34667**

Mailing Address  
**13910 LAKESHORE BLVD., STE. 140  
HUDSON, FL 34667**

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3452332**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GASSMAN, ALAN S  
1245 CT. ST., STE. 102  
CLEARWATER, FL 34616**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PASCUAL, JOSE F.  
13910 LAKESHORE BLVD., STE. 140  
HUDSON, FL 34667**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/13/06-80095-013 150.00**

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12. I 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 indicated on this report or 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 changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JOSE F. PASCUAL**

Date

Daytime Phone #