

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000094390

1. Entity Name
ANTONIO V. RIVERA, M.D., P.A.



Principal Place of Business

**320 OAKFIELD DR
SUITE C
BRANDON, FL 33511**

Mailing Address

**320 OAKFIELD DR
SUITE C
BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3480328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERA, ANTONIO V
320 OAKFIELD DR., STE C
BRANDON, FL 33511**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000229072

02/14/05-80066-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERA, ANTONIO V
STREET ADDRESS	320 OAKFIELD DR., STE C
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VPST
NAME	RIVERA, ROCIO
STREET ADDRESS	320 OAKFIELD DR., STE., C
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	RIVERA, ROCIO
STREET ADDRESS	320 OAKFIELD DR., STE., C
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05

Date

813 689

Daytime Phone