


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000020466**  
 1. Entity Name  
**PABLO PELLA, M.D., P.A.**



|   |   |
|---|---|
| Principal Place of Business<br>4123 S UNIVERSITY BLVD<br>UNIT C<br>JACKSONVILLE, FL 32216 | Mailing Address<br>4123 S UNIVERSITY BLVD<br>UNIT C<br>JACKSONVILLE, FL 32216 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3534656 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent  
 PABLO, PELLA MD  
 4123 S UNIVERSITY BLVD  
 UNIT C  
 JACKSONVILLE, FL 32216

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>PELLA, PABLO M.D.<br>141 SUMMERFIELD DRIVE<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |
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12. 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 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:** \_\_\_\_\_ **9/27/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #