

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036976

Entity Name: LA CASITA TAMPA, INC.

FILED
Aug 17, 2004
Secretary of State

Current Principal Place of Business:

2908 AZEELE STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2908 AZEELE STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3576875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTLEY, LINDA D
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HARTLEY, LINDA
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602 US

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: LINDA HARTLEY

08/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARRIER, AMY
Address: 2908 AZALEA
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: FARRIER, EDWARD
Address: 2908 AZALEA ST
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARRIOR, AMY
Address: 2908 AZEELE
City-St-Zip: TAMPA, FL 33609

Title: S (X) Change () Addition
Name: FARRIOR, EDWARD
Address: 2908 AZEELE ST
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD H. FARRIOR, MD, FACS

S

08/17/2004

Electronic Signature of Signing Officer or Director

Date