

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000042785 1. Entity Name FAMILY PHYSICIANS OF TAMPA, INC.	
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Principal Place of Business 11531 N. 56TH ST. TAMPA, FL 33617	Mailing Address 11531 N. 56TH ST. TAMPA, FL 33617
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

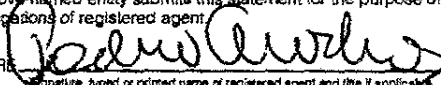
4. FEI Number 59-3575076	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AROCHO, PEDRO M.D.
10503 CORY LAKE DR.
TAMPA, FL 33647**

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:  **Pedro Arocho** **4/26/04**
(NOTE: Registered Agent signature required when reinstating) DATE

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

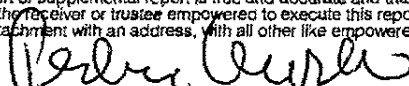
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	AROCHO, PEDRO M.D. 10503 CORY LAKE DR. TAMPA, FL 33647
TITLE ST	SANTIAGO, RAMON M.D. 17303 EQUESTRIAN TR. ODESSA, FL 33556
TITLE D	WILBUR, JIMMIE JEAN M.D. 12300 QUAIL RIDGE DR. BROOKSVILLE, FL 34610
TITLE 	
TITLE 	
TITLE 	

DO NOT WRITE IN THIS SPACE

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04/26/04-80059-020 150.00

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:  **Pedro Arocho MD** **4/26/04 8139883447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #