

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90372 029 ***150.00

DOCUMENT # P99000042785

1. Entity Name

FAMILY PHYSICIANS OF TAMPA, INC.



Principal Place of Business

11531 N. 56TH ST.
TAMPA FL 33617

Mailing Address

11531 N. 56TH ST.
TAMPA FL 33617

2. Principal Place of Business

13381 N 56th St

3. Mailing Address

same



1st MOORE

CR2E034 (10/04)

City & State

Tampa FL

City & State

4. FEI Number

59-3575076

Applied For

Not Applicable

Zip

33617

Country

Hillsborough

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13381 N 56th Street

City

Tampa

FL

Zip Code

33617

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 Archo

4/13/05

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME AROCHO, PEDRO M.D.
STREET ADDRESS 10503 CORY LAKE DR.
CITY-ST-ZIP TAMPA FL 33647

TITLE ST ☒ Delete
NAME SANTIAGO, RAMON M.D.
STREET ADDRESS 17303 EQUESTRIAN TR.
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Delete
NAME WILBUR, JIMMIE JEAN M.D.
STREET ADDRESS 12300 QUAIL RIDGE DR.
CITY-ST-ZIP BROOKSVILLE FL 34610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5053 Ashington Landing Dr
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13381 N 56th
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Archo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

8139849400

Date

Daytime Phone #