2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

05 APR 18 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042798

1. Entity Name
PEDRO AROCHO, M.D., P.A.

Principal Place of Business	Mailing Address
11531 NORTH 56TH STREET TAMPA, FL 33617	11531 NORTH 56TH STREET TAMPA, FL 33617

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13381 N. 56th St	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State
Zip: 33617 County: Hillsborough	Zip / Country

4. FEI Number: 59-3575087 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AROCHO, PEDRO M.D. 10503 CORY LAKE DRIVE TAMPA, FL 33647	Name: Arocho Pedro MD Street Address (P.O. Box Number is Not Acceptable): 5053 Ashington Landing Dr City: Tampa FL Zip Code: 33647

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] 4/13/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD AROCHO, PEDRO 10503 CORY LAKE DRIVE TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	900054015929 05/06/05--01069--004 **61.25	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: [signature] 4/13/05 8139849400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)