## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000042798

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

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13381 NORTH 56TH STREET 11181 HEALTH PARK BLVD TAMPA, FL 33617

**SUITE 2230** 

NAPLES, FL 34110

**Current Mailing Address: New Mailing Address:** 

13381 NORTH 56TH STREET 11181 HEALTH PARK BLVD TAMPA, FL 33617

SUITE 2230

NAPLES, FL 34110

FEI Number: 59-3575087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

AROCHO, PEDRO M.D. AROCHO, PEDRO M.D. 10711 PLÁNTATION BAY DR 3910 JASMINE LAKE CIRCLE TAMPA, FL 33647 NAPLES, FL 34110

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: 04/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: (X) Change ( ) Addition

AROCHO, PEDRO AROCHO, PEDRO Name: Name:

10711 PLANTATION BAY DR Address: 3910 JASMINE LAKE CIRCLE Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PEDRO AROCHO, M.D. **PSTD** 04/30/2008