


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000053422 1. Entity Name JUAN A. ESCOBALES, M.D., P.A.	
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Principal Place of Business 2815 FIRST AVE N ST PETERSBURG, FL 33713 US	Mailing Address 2815 FIRST AVE N ST PETERSBURG FL 33713 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
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4. FE# Number 65-0926505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESCOBALES, JUAN A 2815 FIRST AVE N ST PETERSBURG FL 33713	7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent and title requires when not blank.)

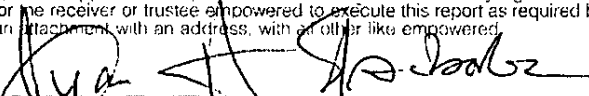
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	ESCOBALES, MD, JUAN A
STREET ADDRESS	2815 1ST AVE N
CITY-ST-ZIP	SAINT PETERSBURG FL 33713
TITLE	VPS <input type="checkbox"/> Delete
NAME	STEPHENS, DONNA L
STREET ADDRESS	2815 1ST AVENUE N
CITY-ST-ZIP	SAINT PETERSBURG FL 33713
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or other like empowered.

SIGNATURE:  2-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR