

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000096409

1. Entity Name
ST. PATRICK MEDICAL P.A.



Principal Place of Business
7110 N NEBRASKA AVE
STE A
TAMPA, FL 33604

Mailing Address
P.O. BOX 1250
BRANDON, FL 33509-1250

FILED
Jul 10, 2008 08:00 AM
Secretary of State



06232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3611788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

IJEWERE, PATRICK
1740 HULETT DRIVE
BRANDON, FL 33511

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000954083
07/10/08-80010-017 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P IJEWERE, PATRICK 1740 HULETT DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS IJEWERE, SHERESE 1740 HULETT DRIVE BRANDON, FL 33511
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] PATRICK IJEWERE 7/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #