

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90041 035 ***150.00

DOCUMENT # S91999

1. Entity Name

**DRS. ANGEL, MORALES, KALTER, QUINTERO AND
GIANNINA, M.D.S, P.A.**



Principal Place of Business

**13601 BRUCE B DOWNS BLVD
250
TAMPA FL 33613
US**

Mailing Address

**13601 BRUCE B DOWNS BLVD
250
TAMPA FL 33613
US**

54028516



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3123109

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

**ANGEL, JEFFREY L.
13601 BRUCE B DOWNS BLVD
TAMPA FL 33613**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ANGEL, JEFFREY L
STREET ADDRESS 72 LODOGA AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE PD ☒ Change ☐ Addition
NAME Angel, Jeffrey L.
STREET ADDRESS 72 Ladoga Ave.
CITY-ST-ZIP Tampa, FL 33606

TITLE SD ☐ Delete
NAME MORALES, WALTER J
STREET ADDRESS 6415 MACLURIN DR.
CITY-ST-ZIP TAMPA FL 33647

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

TITLE VPD ☐ Delete
NAME KALTER, CRAIG S
STREET ADDRESS 4915 HALLSTAD WY
CITY-ST-ZIP TAMPA FL 33647

TITLE VPD ☒ Change ☐ Addition
NAME Kalter, Craig S.
STREET ADDRESS 6431 Renwick Cir.
CITY-ST-ZIP Tampa, FL 33647

TITLE D ☐ Delete
NAME QUINTERO, RUBEN A
STREET ADDRESS 13323 LAKE GEORGE PL
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☒ Change ☐ Addition
NAME Quintero, Ruben A.
STREET ADDRESS 15029 Arbor Reserve Cir, #301
CITY-ST-ZIP Tampa, FL 33624

TITLE D ☒ Delete
NAME GIANNINA, GREGG
STREET ADDRESS 6209 ASHBURY PALMS DR.
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ Change ☒ Addition
NAME Ramos-Santos, Edgard
STREET ADDRESS 17102 Boy Scout Rd.
CITY-ST-ZIP Odessa, FL 33556

TITLE ☐ Delete
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 813-971-6909
Date Daytime Phone #