

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S96336

FILED  
Jul 29, 2004  
Secretary of State

Entity Name: RAFAEL SALAS, M.D., P.A.

**Current Principal Place of Business:**

4 COLUMBIA  
SUITE 210  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 COLUMBIA  
SUITE 210  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number: 59-3114904      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SALAS, MARIA ELENA  
3903 SAND DOLLAR PLACE  
SUITE 320  
TAMPA, FL 33634 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SALAS, RAFAEL,  
Address: 3903 SAND DOLLAR PLACE  
City-St-Zip: TAMPA, FL

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

Title: PD (X) Change ( ) Addition  
Name: SALAS, RAFAEL,  
Address: 3903 SAND DOLLAR PLACE  
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAFAEL SALAS

PD

07/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date