


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90344 020 ***150.00

DOCUMENT # S96336
 1. Entity Name
RAFAEL SALAS, M.D., P.A.



Principal Place of Business Mailing Address
(4 COLUMBIA SUITE 210 TAMPA, FL 33606 US) **(4 COLUMBIA SUITE 210 TAMPA, FL 33606 US)**

50038631

2. Principal Place of Business 3. Mailing Address
602 Audubon ST. SUITE B **3903 SAND DOLLAR PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FL **TAMPA FL**
 Zip Country Zip Country
33609 US **33634 US**



04042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3114904 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALAS, MARIA ELENA
3903 SAND DOLLAR PLACE
SUITE 320
TAMPA, FL 33634

7. Name and Address of New Registered Agent
 Name **SALAS MARIA ELENA**
 Street Address (P.O. Box Number is Not Acceptable) **3903 SAND DOLLAR PL**
 City **TAMPA** FL Zip Code **33634**

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]* DATE: **4/6/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SALAS, RAFAEL 3903 SAND DOLLAR PLACE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: **4/6/05** DAYTIME PHONE #: **(813) 892-3398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #