


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 632239
1. Entity Name
JOSEPH CICCARELLO, D.C., P.A.



Principal Place of Business Mailing Address
1011 S. US HIGHWAY 301 **1011 S. US HIGHWAY 301**
TAMPA, FL 33619 **TAMPA, FL 33619 US**

DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1944784 Not Applicable

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

6. Name and Address of Current Registered Agent

CICCARELLO, JOSEPH
919 RIVER RAPIDS
BRANDON, FL 33511

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UNDOANS03319
04/26/06-80027-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CICCARELLO, JOSEPH
STREET ADDRESS	919 RIVER RAPIDS
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Joseph Ciccarello, D.C., P.A.* **Joseph Ciccarello, D.C., P.A.** **4-10-06** **(813) 621-3180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #