2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017799

1. Entity Name
JOSEPH ALOISE, D.O., P.A.

FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

18900 NORTH TAMIAMI TRAIL STE 9 NORTH FORT MYERS, FL 33903 Mailing Address

18900 NORTH TAMIAMI TRAIL STE 9 NORTH FORT MYERS, FL 33903



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1072925 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

237-567-1000

6. Name and Address of Current Registered Agent

ALOISE, JOSEPH DO 18900 NORTH TAMIAMI TRAIL STE 9 NORTH FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

 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 relocateding) DATE					
FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550,00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000608226 02/01/07-80001-022 150.00
10.	OFFICERS AND DIREC	CTORS	I		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ALOISE, JOSEPH DO 18900 NORTH TAMIAMI TRAIL STE 9 NORTH FORT MYERS, FL 33903				
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TITLE NAME STREET ADDRESS CITY-ST-ZP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
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 pulpiemental report is true and accurate and that my signature shall have the same legal effect as if made under calls; that I am an officer or director of the corporation or the reporter or trusfee 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.					

loseph Hlorse D.O.