2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000126751

1. Entity Name
AYALA & GIAGONELLI ALTERNATIVE CLINIC, P.A.

Principal Place of Business	Mailing Address
3551 W LAKE MARY BLVD STE 207 LAKE MARY, FL 32746	3551 W LAKE MARY BLVD STE 207 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0801908

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPKO, ROBERT J
365 WAYMONT COURT STE 105
LAKE MARY, FL 32746

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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 _____ DATE
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, 2004 Fee will be $550.00

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

100000154656
05/05/04-80005-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	AYALA, MELISA
STREET ADDRESS	1456 ROYAL TERRACE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VSD
NAME	GIAGONELLI, JENNIFER
STREET ADDRESS	407 ABENO TERRACE
CITY-ST-ZIP	DELTONA, FL 32725
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 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: Jennifer Giagonelli Jennifer Giagonelli 4/28/04 407 328-759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #