FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90232 033 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000126751

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

40032292

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

01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
125 E. WILBUR AVENUE
LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be $550.00

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

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	

DO NOT WRITE IN THIS SPACE

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: Jennifer Giagonelli Jennifer Giagonelli 2/8/06 407 378-7595
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Vice President

ATTACHMENT

400032292

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

Call Bob

AYALA & GIAGONELLI ALTERNATIVE CLINIC, P.A.
3551 W LAKE MARY BLVD STE 207
LAKE MARY, FL 32746

Subject: **AYALA & GIAGONELLI ALTERNATIVE CLINIC, P.A.**

Reference Number: **P02000126751**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is $150.00. If a certificate of status is desired, please add an additional $8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ
ANNUAL REPORTS SECTION