

ANNUAL REPORT (AR)



FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V04168

1. Entity Name
GENNARO SAGLIOCCA, M.D., P.A.

Principal Place of Business
**2000 CONTINENTAL DR
 SUITE #B
 WEST PALM BEACH FL 33407
 US**

Mailing Address
**2000 CONTINENTAL DR
 SUITE #B
 WEST PALM BEACH FL 33407
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number
65-0263725

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAGLIOCCA, GENNARO
 2000 CONTINENTAL DR
 SUITE B
 WEST PALM BEACH FL 33407**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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's signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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 Delete
 NAME **PDVT**
 STREET ADDRESS **SAGLIOCCA, GENNARO M.D.**
 CITY-ST-ZIP **2000 CONTINENTAL DR #B
 WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1100000457684
 03/17/06-80014-018 150.00**

TITLE Delete
 NAME **CSM**
 STREET ADDRESS **SAGLIOCCA, GENNARO M.D.**
 CITY-ST-ZIP **2000 CONTINENTAL DR #B
 WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **561-845-2680**