

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90068 016 \*\*\*150.00

**DOCUMENT # P99000082062**

1. Entity Name

ANTHONY V. DEIORIO, JR., M.D., P.A.



Principal Place of Business

2405 S.E. 28TH STREET  
OCALA FL 34471

Mailing Address

2405 S.E. 28TH STREET  
OCALA FL 34471

2. Principal Place of Business

2025 SE 73rd Loop

Suite, Apt. #, etc.

3. Mailing Address

2025 SE 73rd Loop

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34480

Country

USA

Zip

34480

Country

USA

4. FEI Number

59-3599127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEIORIO, ANTHONY V JR.  
2405 S.E. 28TH STREET  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name Anthony V. DeIorio JR

Street Address (P.O. Box Number is Not Acceptable)

2025 SE 73rd Loop

City Ocala

**FL**

Zip Code

34480

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE PVTS ☐ Delete  
NAME DEIORIO, ANTHONY V JR.  
STREET ADDRESS 2405 S.E. 28TH STREET  
CITY-ST-ZIP OCALA FL 34471

TITLE D ☐ Delete  
NAME DEIORIO, ANTHONY V JR  
STREET ADDRESS 2405 SE 28TH STREET  
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTS ☒ Change ☐ Addition  
NAME DeIorio, Anthony V. JR  
STREET ADDRESS 2025 SE 73rd Loop  
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☒ Change ☐ Addition  
NAME DeIorio, Anthony V. JR  
STREET ADDRESS 2025 SE 73rd Loop  
CITY-ST-ZIP Ocala, FL 34480

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony V. DeIorio JR. 2/16/05