

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 002 ***150.00

DOCUMENT # P93000062967

1. Entity Name
VICTORIA A. VITALE-LEWIS, M.D., P.A.



Principal Place of Business
**128
MELBOURNE, FL 32901**

Mailing Address
**128
MELBOURNE, FL 32901**

2. Principal Place of Business - No P.O. Box #
1800 W. Hibiscus

3. Mailing Address
1800 W. Hibiscus

Suite, Apt. #, etc.
Suite 128

Suite, Apt. #, etc.
Suite 128

City & State
Melbourne FL

City & State
Melbourne FL

Zip Country
32901-2629 USA

Zip Country
32901-2629 USA

02272007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3199690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWMAN, BRIAN A
215 SOUTH MONROE 2ND FLOOR
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
VITALE-LEWIS, VICTORIA A MD
1229 E STRAWBRIDGE AVE
MELBOURNE, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1800 W. Hibiscus, Suite 128
Melbourne, FL 32901-2629**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(921) 676-5543