

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000017799

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC1822395742**

**Entity Name:** JOSEPH ALOISE, D.O., P.A.

**Current Principal Place of Business:**

18900 NORTH TAMIAMI TRAIL STE 9  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

18900 NORTH TAMIAMI TRAIL STE 9  
NORTH FORT MYERS, FL 33903

**FEI Number:** 65-1072925

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALOISE, JOSEPH DO  
18900 NORTH TAMIAMI TRAIL STE 9  
NORTH FORT MYERS, FL 33903 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DPVS	Title	T
Name	ALOISE, JOSEPH DO	Name	ALOISE, JOSEPH DO
Address	18900 NORTH TAMIAMI TRAIL STE 9	Address	18900 NORTH TAMIAMI TRAIL STE 9
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	NORTH FORT MYERS FL 33903

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. JOSEPH ALOISE D.O., P.A.

**OWNER**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date