

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000095994

**Entity Name:** RAYMOND M. MONTECALVO, M.D., P.A.

**Current Principal Place of Business:**

4323 POND APPLE DR S  
NAPLES, FL 34119

**Current Mailing Address:**

4323 POND APPLE DR S  
NAPLES, FL 34119 US

**FEI Number: 20-3113019**

**Certificate of Status Desired: No**

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

MONTECALVO, RAYMOND MM.D.  
4323 POND APPLE DR S  
NAPLES, FL 34119 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            D  
Name            MONTECALVO, RAYMOND MM.D.  
Address        4323 POND APPLE DR S  
City-State-Zip: NAPLES FL 34119

*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: RAYMOND MONTECALVO**

**PRESIDENT**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date