

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062967

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

Current Principal Place of Business:

1513 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

Current Mailing Address:

1513 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

FEI Number: 59-3199690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITALE LEWIS, VICTORIA
1513 S HARBOR CITY BVLD
MELBOURNE, FL 32901 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 PDT
Name VITALE-LEWIS, VICTORIA AMD
Address 1513 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

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: VICTORIA VITALE-LEWIS

PDT

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date