

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V04168

**Entity Name:** GENNARO SAGLIOCCA, M.D., P.A.

**Current Principal Place of Business:**

2000 CONTINENTAL DR  
SUITE #B  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2000 CONTINENTAL DR  
SUITE #B  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 65-0263725

**Certificate of Status Desired:** No

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

SAGLIOCCA, GENNARO  
2000 CONTINENTAL DR  
SUITE B  
WEST PALM BEACH, FL 33407 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 PDVT  
Name SAGLIOCCA, GENNARO M.D.  
Address 2000 CONTINENTAL DR #B  
City-State-Zip: WEST PALM BEACH FL 33407

Title CSM  
Name SAGLIOCCA, GENNARO M.D.  
Address 2000 CONTINENTAL DR #B  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** GENNARO SAGLIOCCA

**PRES**

**03/08/2015**

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

\_\_\_\_\_  
Date