


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 484660 1. Entity Name ARTHUR A. MAUCERI M.D., P.A.	
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Principal Place of Business 6831 N.W. 11TH PLACE, STE. 2 GAINESVILLE, FL 32605	Mailing Address 6831 N.W. 11TH PLACE, STE. 2 GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1618575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAUCERI, ARTHUR A
 6831 N.W. 11TH PLACE, STE. 2
 GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000778509 01/10/08-80051-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAUCERI, ARTHUR A
STREET ADDRESS	6831 NW 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	SD
NAME	MAUCERI, ARTHUR A
STREET ADDRESS	6831 NW 11TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Arthur A. Mauceri / ARTHUR A. MAUCERI 1/10/08 (354) 331-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #