


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # 502833 1. Entity Name ANTHONY J. PULEO, M.D., P.A. | |  |
| Principal Place of Business 40 TREETOP CIRCLE ORMOND BEACH, FL 32174 US | | Mailing Address 40 TREETOP CIRCLE ORMOND BEACH, FL 32174 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent PULEO, ANTHONY J. 40 TREETOP CIRCLE ORMOND BEACH, FL 32174 | | 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 _____ <small>Signature, typed or printed name of registered agent and block if applicable</small> (NOTE: Registered Agent Signature is required when retaking) | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MD PULEO, ANTHONY J. 40 TREETOP CIRCLE ORMAOND BEACH, FL | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Anthony J. Puleo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>7/8/05</u> <small>DATE</small> <u>3864378482</u> <small>Check for Priorities</small> |



07102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1680710

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000372581

07/13/05-80004-024 150.00

DATE

**DO NOT WRITE
IN THIS SPACE**