

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 593739

FILED  
May 05, 2005  
Secretary of State

Entity Name: C.N. GUERRIERE M.D., P.A.

## Current Principal Place of Business:

3333 W BEARSS AVE  
TAMPA, FL 33618 US

## New Principal Place of Business:

## Current Mailing Address:

3333 W BEARSS AVE  
TAMPA, FL 33618 US

## New Mailing Address:

FEI Number: 59-1904695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUERRIERE, NICOLE  
16515 BRIGADOON DRIVE  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

GUERRIERE, CILIO N  
3333 W. BEARSS AVE.  
TAMPA, FL 33618 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: C.N. GUERRIERE, M.D.

05/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GUERRIERE, CILIO N  
Address: 3333 W BEARSS AVE  
City-St-Zip: TAMPA, FL 33618 US

Title: V ( ) Delete  
Name: GUERRIERE, CAROL A  
Address: 12602 STILLWATER TERRACE DR  
City-St-Zip: TAMPA, FL

Title: ST (X) Delete  
Name: GUERRIERE, NICOLE D  
Address: 16515 BRIGADOON DRIVE  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL GUERRIERE

V

05/05/2005

Electronic Signature of Signing Officer or Director

Date