


2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 602604 1. Entity Name W.A. MAGARINO, M.D. P.A. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 1705 LAKELAND HILLS BLVD. LAKELAND, FL 33805 | Mailing Address 1705 LAKELAND HILLS BLVD. LAKELAND, FL 33805 |
|--|--|

DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-1304613 | 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 WENDEL,JOHN F 4404 SOUTH FLORIDA STE E2 LAKELAND, FL 33801 |
|--|

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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAGARINO, W A 1705 LAKELAND HILLS BLVD LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MAGARINO, TERESITA 1705 LAKELAND HILLS BLVD LAKELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000679239
04/03/07-80029-014 150.00

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:  | 3-10-7 | 863-688-6051 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |