

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 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



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1304613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

2-12-8

FILE NOW!!! FEE IS \$150.00
After May-1, 2008 Fee will be \$550.00.

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAGARINO, W A
STREET ADDRESS 1705 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND, FL

TITLE V
NAME MAGARINO, TERESITA
STREET ADDRESS 1705 LAKELAND HILLS BLVD
CITY-ST-ZIP 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

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863
2/12/8 688-6051
Date Daytime Phone #