

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90041 036 \*\*\*150.00

**DOCUMENT # 604299**

1. Entity Name  
DANILO P. AQUINO, M.D., P.A.



Principal Place of Business  
1136 BRYN MAWR AVENUE  
LAKE WALES, FL 33853

Mailing Address  
1136 BRYN MAWR AVENUE  
LAKE WALES, FL 33853



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1458091

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AQUINO, DANILO P. MD  
1136 BRYN MAWR AVENUE  
LAKE WALES, FL 33853

**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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

3/5/08  
DATE

**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	AQUINO, DANILO P. MD
STREET ADDRESS	1136 BRYN MAWR AVE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	STD
NAME	AQUINO, DANILO P. MD
STREET ADDRESS	1136 BRYN MAWR AVE
CITY-ST-ZIP	LAKE WALES, 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: *[Signature]* Danilo P. Aquino, M.D.

(863)676-8581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #