## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 635135** 

City-St-Zip: NEW PORT RICHEY, FL 34653

Entity Name: VINCENT G. COTRONEO, M.D., P.A.

FILED Jan 31, 2007 Secretary of State

,			·		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
P O BOX 1	INE PARKWA 1175 (34656-1 RT RICHEY, FL	175)		5539 MARINE PARKWAY NEW PORT RICHEY, FL 34652	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
P.O. BOX 6806 CEC NEW POR		_ 34653			
FEI Number	: 59-1937246	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	: Name and Address of	Name and Address of New Registered Agent:	
5539 MAR NEW POR The above	EO, VINCENT INE PARKWA RT RICHEY, FL named entity of Florida.	Y _ 34652 US	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	Electro	nic Signature of Registered g Trust Fund Contribution ( ).	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( COTRONEO, V 5539 MARINE NEW PT RICH	PARKWAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( EPTING, PATR		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VINCENT G COTRONEO PD 01/31/2007