

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 680599

1. Entity Name

ANTHONY R. COSTARELLA, M.D., P.A.



Principal Place of Business

5729 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

5729 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2012779

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSTARELLA, ANTHONY R.
5729 WEST SHORE DRIVE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT COSTARELLA, ANTHONY R. 5729 WEST SHORE DRIVE NEW PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COSTARELLA, MILDRED E. 5729 WEST SHORE DRIVE NEW PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COSTARELLA, ELIZABETH A. 5729 WEST SHORE DRIVE NEW PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000600250 01/26/07-80002-006 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Anthony R. Costarella MD, P.A.
ANTHONY R. COSTARELLA MD, P.A.

1-22-07 727-8429944
Date Daytime Phone #