

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693552

FILED
Jun 16, 2009
Secretary of State

Entity Name: ARLENE M. PALAZZOLO, M.D., P.A.

Current Principal Place of Business:

2880 BORINQUEN DR
KISSIMMEE, FL 34744

New Principal Place of Business:

113 HARRINGTON COURT
DAVENPORT, FL 33837

Current Mailing Address:

2880 BORINQUEN DR
KISSIMMEE, FL 34744

New Mailing Address:

113 HARRINGTON COURT
DAVENPORT, FL 33837

FEI Number: 59-2125529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALAZZOLO, ARLENE M
2880 BORINQUEN DR
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

PALAZZOLO, ARLENE M
113 HARRINGTON COURT
DAVENPORT, FL 33837 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

06/16/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: PALAZZOLO, ARLENE M
Address: 2880 BORINQUEN DR.
City-St-Zip: KISSIMMEE, FL

Title: TS () Delete
Name: PALAZZOLO, ARLENE M
Address: 2880 BORINQUEN DR.
City-St-Zip: KISSIMMEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: PALAZZOLO, ARLENE M
Address: 113 HARRINGTON COURT.
City-St-Zip: DAVENPORT, FL 33837

Title: TS (X) Change () Addition
Name: PALAZZOLO, ARLENE M
Address: 113 HARRINGTON COURT
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify 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: ARLENE PALAZZOLO

Electronic Signature of Signing Officer or Director

PRES

06/16/2009

Date