

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02400

Entity Name: D. ZACCHEO, PH.D., P.A.

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

320 SE FLORIDA ST  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 689  
STUART, FL 34995 US

**New Mailing Address:**

FEI Number: 59-2037344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZACCHEO, DOMINIC  
320 SE FLORIDA ST  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: ZACCHEO, DOMINIC  
Address: 3829 SW 42ND AVE  
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: DOMINIC ZACCHEO

PS

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date