

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04362

FILED
Apr 26, 2007
Secretary of State

Entity Name: EDWARD CARVALLO, M.D., P.A.

Current Principal Place of Business:

4519 US 19 S
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5060 COMMERCIAL WAY
SPRING HILL, FL 34606

Current Mailing Address:

4519 US 19 S
NEW PORT RICHEY, FL 34652

New Mailing Address:

106 HOMEPORT DRIVE
PALM HARBOR, FL 34683

FEI Number: 59-2045582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARVALLO, EDWARD MD
Address: 4519 US 19 S
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARVALLO, EDWARD MD
Address: 106 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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: EDWARD CARVALLO, M.D.

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date