

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F65167

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** ANTHONY J. PIZZO, M.D., P.A.

**Current Principal Place of Business:**

4612 N HABANA AVE, SUITE 101  
TAMPA, FL 33614

**New Principal Place of Business:**

4612 N HABANA AVENUE  
SUITE 101  
TAMPA, FL 33614 US

**Current Mailing Address:**

4612 N HABANA AVE, SUITE 101  
TAMPA, FL 33614

**New Mailing Address:**

4612 N HABANA AVENUE  
SUITE 101  
TAMPA, FL 33614 US

**FEI Number:** 59-2167598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIZZO, PAUL R. ESQUIRE  
501 EAST KENNEDY BOULEVARD  
TAMPA, FL 33602 US

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

PIZZO, PAUL R  
501 EAST KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602 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: PAUL R. PIZZO

02/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: PIZZO, ANTHONY J  
Address: 4612 N HABANA AVE #101  
City-St-Zip: TAMPA, FL 33614 US

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: ANTHONY J. PIZZO

PST

02/08/2011

Electronic Signature of Signing Officer or Director

Date