## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54421

FILED Apr 29, 2008 Secretary of State

Entity Name: DR. ROBERTA GIUDICE-TELLER, D.P.M., P.A. **Current Principal Place of Business: New Principal Place of Business:** 1010 N.W. 6TH ST. GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** % DR. ROBERTA GIUDICE-TELLER, D.P.M. 1010 N.W 6TH STREET GAINESVILLE, FL 32601 FEI Number: 59-2391405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIUDICE-TELLER, ROBERTA DR. D.P.M. 1010 N.W. 6TH ST. GAINESVILLE, FL 32601 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES ( ) Delete () Change () Addition GIUDICE-TELLER, ROBERTA DR. D. Name: Name: 1010 N.W. 6TH ST. Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: ( ) Delete Title: **TRES** Title: () Change () Addition Name: TELLER, KEITH Name: 1010 N.W. 6TH ST. Address: Address: GAINESVILLE, FL 32601 City-St-Zip: City-St-Zip:

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: DR. ROBERTA GIUDICE-TELLER PRES 04/29/2008