

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # H97629

1. Entity Name
P. JOSEPH GIGLIO, D.O., P.A.



Principal Place of Business
7720 WASHINGTON STR
STE 102
PT RICHEY, FL 34668 US

Mailing Address
7720 WASHINGTON ST.
SUITE 102
PORT RICHEY, FL 34668 US



02042005 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. ☐ Number
58-2788421
Applied -or
Not Appl cask.
5. Calif rate of State's Dec rate ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIGLIO, P. JOSEPH
7720 WASHINGTON STR
STE 102
PT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with and accept the obligations of a registered agent.

SIGNATURE _____ DATE _____
Signature of authorized officer or registered agent and the registered agent, if different. (NOTE: Registered agent signature is required when changing registered agent.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GIGLIO, P. JOSEPH
STREET ADDRESS 7720 WASHINGTON ST., SUITE 102
CITY-STATE-ZIP PORT RICHEY, FL

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CITY-STATE-ZIP

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000000273024
03/23/05-80012-1104 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information reported on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if created, or on an attachment to this address, shall otherwise be completed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRECTOR

March 20, 2005

Date

Day and Month