FILED
Feb 10, 2006 8:00 am
Secretary of State
02-10-2006 90015 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

C0013661

DOCUMENT # H97629

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

Principal Place of Business	Mailing Address
7720 WASHINGTON STR STE 102 PT RICHEY, FL 34668 US	7720 WASHINGTON ST. SUITE 102 PORT RICHEY, FL 34668 US

DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11:05)

4. FEI Number
59-2788421
☐ Applied-for ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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, registered agent.

SIGNATURE _____ DATE
Signature of new registered agent, if changing (NOTE: Required if agent is executing this report.)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Giglio 1-30-06 (727)842-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #