

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54627

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: JOSEPH J. ALTIERI, M.D., P.A.

**Current Principal Place of Business:**

% JOSEPH J. ALTIERI  
1600 - 36TH ST. (B)  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

JOSEPH J. ALTIERI MD PA  
1255 37TH STREET--SUITE A  
VERO BEACH, FL 32960 US

**Current Mailing Address:**

% JOSEPH J. ALTIERI  
4025 8TH LANE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

JOSEPH J. ALTIERI MD PA  
4025 8TH LANE  
VERO BEACH, FL 32960 US

FEI Number: 59-2684714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALTIERI, JOSEPH J  
4025 8TH LANE  
VERO BEACH, FL 32960 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: D ( ) Delete  
Name: ALTIERI, JOSEPH J  
Address: 4025 8TH LANE  
City-St-Zip: VERO BEACH, FL 32960 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH ALTIERI MD

D

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date