2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# K39288

Entity Name: LEONARD R. CACIOPPO, M.D., P.A.

Current Principal Place of Business:

C/O LEONARD R. CACIOPPO
14543 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

14543 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

Current Mailing Address:

C/O LEONARD R. CACIOPPO
14543 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Mailing Address:

14543 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613

FEI Number: 59-2952748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CACIOPPO, LEONARD R.
14543 CORTEZ BLVD.
BROOKSVILLE, FL US

Name and Address of New Registered Agent:

CACIOPPO, LEONARD R.
14543 CORTEZ BLVD.
BROOKSVILLE, FL 34613 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: LEONARD R. CACIOPPO M.D., P.A. 01/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: JACHIMOWICZ, JAMES
Address: 14543 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: PD ( ) Delete
Name: CACIOPPO, LEONARD R
Address: 14543 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: JACHIMOWICZ, JAMES
Address: 14543 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: P (X) Change ( ) Addition
Name: CACIOPPO, LEONARD R
Address: 14543 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

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: LEONARD R. CACIOPPO M.D., P.A. P 01/19/2009
Electronic Signature of Signing Officer or Director Date