

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53955

FILED
Mar 30, 2009
Secretary of State

Entity Name: PASCARELLA, HOOVER, FINKELSTEIN & WAGNER, D.P.M., P.A.

Current Principal Place of Business:

661 E. ALTAMONTE DR., SUITE 210
%EUGEN M. PASCARELLA
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

661 E. ALTAMONTE DR., SUITE 210
%EUGENE M. PASCARELLA
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2922580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCARELLA, EUGENE M.
661 E. ALTAMONTE DR., SUITE 210
ALTAMONTE SPRINGS, FL 32701 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: PD () Delete
Name: PASCARELLA, EUGENE M, .
Address: 661 E. ALTAMONTE DR #210
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VD () Delete
Name: HOOVER, ROBERT T., I, I
Address: 661 E. ATLAMONTE DR #210
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: SD () Delete
Name: FINKELSTEIN, HOWARD, B.
Address: 661 E. ATLAMONTE DR #210
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: TD () Delete
Name: WAGNER, CURTIS
Address: 661 E ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PASCARELLA, EUGENE M, .
Address: 661 E. ALTAMONTE DR #210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD (X) Change () Addition
Name: HOOVER, ROBERT T., I, I
Address: 661 E. ATLAMONTE DR #210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD (X) Change () Addition
Name: FINKELSTEIN, HOWARD, B.
Address: 661 E. ATLAMONTE DR #210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change () Addition
Name: WAGNER, CURTIS
Address: 661 E ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: HOWARD B. FINKELSTEIN

SD

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date