2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM:
Secretary of State

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1. Entity Name

PATRICK P. CINELLI, M.D., P.A.



Principal Place of Business

Mailing Address

2626 TAMPA RD.

SUITE 101

PALM HARBOR, FL. 34684

2626 TAMPA RD.

SUITE 101

PALM HARBOR, FL 34684



DO NOT WRITE IN THIS SPACE

02192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

Not Applicable

5. Certif-cate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CINELLI, PATRICK P. 2626 TAMPA RD., STE 101 PALM HARBOR, FL 34684

D

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 registered agent.

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

CINELLI, PATRICK P.

2626 TAMPA ROAD, STE 101

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

CITY-ST-ZIP PALM HARBOR, FL

ITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

OUT-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on the information in

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07

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