

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K65443**  
 1. Entity Name  
 MARCO N. VITIELLO, M.D., P.A.



Principal Place of Business      Mailing Address  
 7575 SW 62 AVENUE      7575 SW 62 AVENUE  
 SUITE B      SUITE B  
 MIAMI, FL 33143 US      MIAMI, FL 33143 US

**DO NOT WRITE IN THIS SPACE**



01102005      No Chg-P      CR2E034 (10/03)

4. FEI Number 65-0101484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KRAMER, JEFF  
 7700 N.KENDOLL DR.  
 #510  
 MIAMI, FL 33156

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITIELLO, MARCO N 5825 SW 131 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VITIELLO, DULCE 5825 SW 131 TERR MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/10/05 *[Signature]* *[Signature]*  
Date Daytime Phone #