2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K88939

1. Entity Name
MICHAEL J. TORTORELLA, M.D., P.A.

Principal Place of Business	Mailing Address
7300 SANDLAKE COMMONS BLVD., SUITE 320 ORLANDO, FL 32819	7300 SANDLAKE COMMONS BLVD., SUITE 320 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0118227

Application for Reinstatement

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORTORELLA, MICHAEL J.
7300 SANDLAKE COMMONS BLVD., SUITE 320
ORLANDO, FL 32819

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.

SIGNATURE: _____
(Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) (Date)

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. Officer and Director Information

TITLE	PVT
NAME	TORTORELLA, MICHAEL J
STREET ADDRESS	8282 OAKLAND PLACE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000173191
01/07/05-80009-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby 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 in Block 10 or Block 11 with an address, with the exception of marked changes, are reflected on this report.

SIGNATURE: X _____ 01/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date