2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L72164

Entity Name: SILVIO C. TRAVALIA, M.D., P.A.

Current Principal Place of Business:

% SILVIO C. TRAVALIA, M.D., FACC
694 8TH ST N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

% SILVIO C. TRAVALIA, M.D., FACC
694 8TH ST N
NAPLES, FL 33940

New Mailing Address:

% SILVIO C. TRAVALIA, M.D., FACC
694 8TH ST N
NAPLES, FL 34102 US

FEI Number: 65-0198351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVALIA, SILVIO C., M.D., FACC
694 8TH ST. N.
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

TRAVALIA, SILVIO C., M.D., FACC
694 8TH ST. N.
NAPLES, FL 34102 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: SILVIO TRAVALIA 05/04/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAVALIA, SILVIO C. MD
Address: 694 8TH ST. N
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TRAVALIA, SILVIO C. MD
Address: 694 8TH ST. N
City-St-Zip: NAPLES, FL 34102

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: SILVIO TRAVALIA D 05/04/2009
Electronic Signature of Signing Officer or Director Date