

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000019216

Entity Name: L.K. VALENTE, M.D., P.A.

FILED
May 30, 2007
Secretary of State**Current Principal Place of Business:**1988 KINGS HWY
PORT CHARLOTTE, FL 33980 US**New Principal Place of Business:**19621 COCHRAN BLVD UNIT 1
PORT CHARLOTTE, FL 33948 US**Current Mailing Address:**1988 KINGS HWY
PORT CHARLOTTE, FL 33980 US**New Mailing Address:**19621 COCHRAN BLVD UNIT 1
PORT CHARLOTTE, FL 33948 US

FEI Number: 65-0984853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ACOSTA, BONNIE RN
1988 KINGS HWY
PORT CHARLOTTE, FL 33980 US**Name and Address of New Registered Agent:**ACOSTA, BONNIE RN
19621 COCHRAN BLVD UNIT 1
PORT CHARLOTTE, FL 33948 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: _____

Electronic Signature of Registered Agent

05/30/2007

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: VALENTE, LOUIS K
Address: 1988 KINGS HWY
City-St-Zip: PORT CHARLOTTE, FL 33980**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: VALENTE, LOUIS K
Address: 19621 COCHRAN BLVD UNIT 1
City-St-Zip: PORT CHARLOTTE, FL 33948

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: LK VALENTE

Electronic Signature of Signing Officer or Director

DIR

05/30/2007

Date