

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057886

FILED
Jan 10, 2005
Secretary of State

Entity Name: DR. ALPHONSE R. TRIBUIANI, P.A.

Current Principal Place of Business:

8851 BOARDROOM CIRCLE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

2350 CHESHIRE LN
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-1018853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
868 106TH AVE. NORTH 5
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WANDERON, THOMAS
868 106TH AVE. NORTH
NAPLES, FL 34108 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

01/10/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRIBUIANI, ALPHONSE DR.
Address: 2350 CHESHIRE LANE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. ALPHONSE TRIBUIANI

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date