

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063626

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** LUIS R. ANNONI-SUAU, M.D., P.A.

**Current Principal Place of Business:**

3890 TAMPA ROAD SUITE 407  
PALM HARBOR, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

3890 TAMPA ROAD SUITE 407  
PALM HARBOR, FL 33615

**New Mailing Address:**

**FEI Number:** 59-3671207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANEY, R. REID ESQ  
101 E KENNEDY BLVD SUITE 4100  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANNONI-SUAU, LUIS R MD  
Address: 3890 TAMPA ROAD SUITE 407  
City-St-Zip: PALM HARBOR, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OWNR (X) Change ( ) Addition  
Name: ANNONI-SUAU, LUIS R MD  
Address: 3890 TAMPA ROAD SUITE 407  
City-St-Zip: PALM HARBOR, FL 33615

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: LUIS ANNONI, MD

OWNR

04/22/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date