

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102422**

1. Entity Name  
**EMILIO DEL VALLE, M.D., P.A.**



Principal Place of Business  
**6150 DIAMOND CENTER CT  
STE 1201 BLDG 1200  
FORT MYERS, FL 33912 US**

Mailing Address  
**6150 DIAMOND CENTER CT  
STE 1201 BLDG 1200  
FORT MYERS, FL 33912 US**



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1055486**

Applied For  
Not Applicable


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

**6. Name and Address of Current Registered Agent**

**DEL VALLE, EMILIO  
6150 DIAMOND CENTER CT  
STE 1201 BLDG 1200  
FORT MYERS, FL 33912**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000943010

05/29/08-80043-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DEL VALLE, EMILIO
STREET ADDRESS	6150 DIAMOND CENTER CT
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

 **EMILIO DEL VALLE, MD**

**4/22/08**  
Date

**239-277-7666**  
Daytime Phone #