


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90038 016 ***150.00

DOCUMENT # P01000010359

1. Entity Name
JOSEPH L. PETTERUTI, D.O., P.A.



Principal Place of Business Mailing Address

523 CAPE CORAL PARKWAY EAST **523 CAPE CORAL PARKWAY EAST**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**

2. Principal Place of Business 3. Mailing Address

Hope Hospice **11960 King James Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2430 Diplomat Rkwy City & State
 City & State **Cape Coral FL**

Cape Coral, FL City & State
 City & State **Cape Coral FL**

Zip Country Zip Country

02909 **Lee** **33991** **Lee**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

PETTERUTI, JOSEPH L DO
523 CAPE CORAL PARKWAY EAST
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
11960 King James Court

City **Cape Coral** FL Zip Code **33991**

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 _____ **Joseph L. Petteruti** **02/22/04**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|------------------------|--|--------------------------------|-------------------------------------|
| PD | PETTERUTI, JOSEPH L DO | 523 CAPE CORAL PARKWAY EAST | CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------------|---------------------|----------------------|-------------------------------------|--------------------------|
| PD | Petteruti, Joseph L DO | 11960 King James Ct | Cape Coral, FL 33991 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **Joseph L. Petteruti** **2/22/04 239-2831769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #