

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010559

Entity Name: DR. ANTHONY J. BUFO, M.D., P.A.

FILED  
Jan 12, 2008  
Secretary of State

**Current Principal Place of Business:**

13005 SOUTHERN BLVD  
SUITE 233 MOB 2  
LOXAHAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

13005 SOUTHERN BLVD  
SUITE 233 MOB 2  
LOXAHAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 65-1072693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUFO, ANTHONY  
13005 SOUTHERN BLVD  
SUITE 233 MOB 2  
LOXAHAHATCHEE, FL 33470 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: DR. ( ) Delete  
Name: BUFO, ANTHONY J DR.  
Address: 11830 KESWICK WAY  
City-St-Zip: W PALM BEACH, FL 33412

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

Title: DR. (X) Change ( ) Addition  
Name: BUFO, ANTHONY J DR.  
Address: 16104 82ND RD N  
City-St-Zip: LOXAHAHATCHEE, FL 33470

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: ANTHONY J BUFO

PRES

01/12/2008

Electronic Signature of Signing Officer or Director

Date