


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90020 025 ***150.00

DOCUMENT # P01000082438	
1. Entity Name A. RICHARD PESKITELLI, M.D., P.A.	

Principal Place of Business 3722 CENTRAL AVE., STE. #1 FT. MYERS, FL 33901	Mailing Address 3722 CENTRAL AVE., STE. #1 FT. MYERS, FL 33901
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44023791

2. Principal Place of Business 33 BARKLEY CIRCLE SUITE A FORT MYERS FL 33907	3. Mailing Address 33 BARKLEY CIRCLE SUITE A FORT MYERS FL 33907
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01082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PESKITELLI, A. RICHARD M.D. 3722 CENTRAL AVE., STE. #1 FT. MYERS, FL 33901		7. Name and Address of New Registered Agent PESKITELLI, A. RICHARD M.D. 33 BARKLEY CIRCLE SUITE A FORT MYERS FL 33907	
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4. FEI Number 52-2238661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESKITELLI, A. RICHARD M.D. 3722 CENTRAL AVE., STE. #1 FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PESKITELLI, A. RICHARD M.D. 33 BARKLEY CIRCLE, SUITE A FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

A. Richard Pescitelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

Date

239-939-1999

Daytime Phone #