

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000082438

1. Entity Name

A. RICHARD PESCIPELLI, M.D., P.A.



Principal Place of Business

33 BARKLEY CIRCLE, SUITE A
FORT MYERS, FL 33907

Mailing Address

33 BARKLEY CIRCLE, SUITE A
FORT MYERS, FL 33907



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number

52-2238661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PESCIPELLI, A. RICHARD M.D.
33 BARKLEY CIRCLE SUITE A
FORT MYERS, FL 33907

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PESCIPELLI, A. RICHARD M.D.
STREET ADDRESS 33 BARKLEY CIRCLE SUITE A
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE
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000000307900
04/15/05-80074-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Albert Richard PesciPELLI A. RICHARD PESCIPELLI, M.D. 41205 239-932-1999