

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085412

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PEDRO F. CASANOVA, M.D., P.A.

**Current Principal Place of Business:**

1951 S MCCALL ROAD  
SUITE 540  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2128  
ENGLE WOOD, FL 34295

**New Mailing Address:**

FEI Number: 65-1127194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASANOVA, PEDRO F M.D.  
1951 S MCCALL ROAD  
SUITE 540  
ENGLEWOOD, FL 34223 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: P ( ) Delete  
Name: CASANOVA, PEDRO F M.D.  
Address: PO BOX 2128  
City-St-Zip: ENGLEWOOD, FL 342952128

Title: VP ( ) Delete  
Name: SIPPER, RUBY T  
Address: PO BOX 1545  
City-St-Zip: ENGLEWOOD, FL 342951545

Title: T (X) Delete  
Name: CASANOVA, CHRISTIANA S ARNP  
Address: PO BOX 2128  
City-St-Zip: ENGLEWOOD, FL 342952128

Title: S (X) Delete  
Name: CORRIGAN, CRETA K  
Address: 2510 ELEVENTH ST  
City-St-Zip: ENGLEWOOD, FL 34224

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CASANOVA, PEDRO F MD  
Address: PO BOX 2128  
City-St-Zip: ENGLEWOOD, FL 342952128

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PEDRO F. CASANOVA, MD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date