

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085412

**FILED**  
**Apr 29, 2010**  
**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:**

2013 S MCCALL ROAD  
ENGLEWOOD, FL 34223

**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:**

CASANOVA, PEDRO F M.D.  
2013 S MCCALL ROAD  
ENGLEWOOD, FL 34223 US

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: PEDRO F CASANOVA MD

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CASANOVA, PEDRO F M.D.  
Address: PO BOX 2128  
City-St-Zip: ENGLEWOOD, FL 342952128

I hereby 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 all other like empowered.

SIGNATURE: PEDRO F CASANOVA MD

PT

04/29/2010

Electronic Signature of Signing Officer or Director

Date