

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000109959

1. Entity Name

JEFFREY B. COMITALO, M.D., P.A.



Principal Place of Business

8333 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address

3045 GRAYSTONE DR
PACE, FL 32571



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3756286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, WILLIAM R
3298 SUMMIT BOULEVARD, SUITE 29
JEFFERSON OFFICE PARK
PENSACOLA, FL 32503

**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

UN00000203064
01/29/05-80015-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COMITALO MD, JEFFREY B
STREET ADDRESS 8333 N DAVIS HWY 2ND FLOOR
CITY-ST-ZIP PENSACOLA, FL 32514

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *Jeffrey B. Comitalo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Date

850.474.8342

Daytime Phone #