


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P01000114206</b><br>1. Entity Name<br>ROXANN SANGIACOMO, M.D., PA |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>14150 METROPOLIS AVE SUITE 4<br>FORT MYERS, FL 33912 | Mailing Address<br>14150 METROPOLIS AVE SUITE 4<br>FORT MYERS, FL 33912 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>65-1157808                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SANGIACOMO, ROXANN MD<br>14150 METROPOLIS AVE SUITE 4<br>FORT MYERS, FL 33912 |
|--|

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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, 2007 Fee will be \$550.00**

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

U00000604033  
01/23/07-80038-023 150.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SANGIACOMO, ROXANN MD<br>14150 METROPOLIS AVE SUITE 4<br>FORT MYERS, FL 33912 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/11/07 279-768-6060  
Date Daytime Phone #