2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2011
Secretary of State

DOCUMENT# P01000114206

Entity Name: ROXANN SANGIACOMO, M.D., PA

Current Principal Place of Business:

14150 METROPOLIS AVE SUITE 4
FORT MYERS, FL 33912

New Principal Place of Business:

14150 METROPOLIS AVE
SUITE 4
FORT MYERS, FL 33912

Current Mailing Address:

14150 METROPOLIS AVE SUITE 4
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-1157808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANGIACOMO, ROXANN MD
14150 METROPOLIS AVE SUITE 4
FORT MYERS, FL 33912 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

OFFICERS AND DIRECTORS:

Title: D
Name: SANGIACOMO, ROXANN MD
Address: 14150 METROPOLIS AVE SUITE 4
City-St-Zip: FORT MYERS, FL 33912

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: ROXANN SANGIACOMO, M.D., PA D 01/16/2011

Electronic Signature of Signing Officer or Director Date