## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000114206

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

FILED Jan 08, 2012 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 14150 METROPOLIS AVE SUITE 4 FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 14150 METROPOLIS AVE SUITE 4 14150 METROPOLIS AVE FORT MYERS, FL 33912 SUITE 4 FORT MYERS, FL 33912 FEI Number: 65-1157808 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANGIACOMO, ROXANN MD 14150 METROPOLIS AVE SUITE 4 FORT MYERS, FL 33912 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:

SANGIACOMO, ROXANN MD Name: 14150 METROPOLIS AVE SUITE 4 Address: 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. **OFFI** 01/08/2012