Q

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State 04-13-2004 90019 004 ***150.00

1. Entity Name	MENT # P0200 LORELLO, PA-C, P			,			04-13-2	. – .		130.00
Principal Place of Business 675 BAYSIDE DR TARPON SPRINGS, FL 34689		675	Mailing Address 675 BAYSIDE DR TARPON SPRINGS, FL 34689			7.		66417077		
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			0314200	4 Chg-P	CR2E0	34 (10/03)	
City & State		Cit	City & State			4. FEI Nur APPL	nber JED FOR			plied For at Applicable
Ζip	Country	Zic)	Count	У	5. Certifica	ate of Status Desire		\$8.75 Add Fee Require	
	5. Name and Address of	Current Register	red Agent			7. Name a	ind Address of Ne	w Registered /	lgent	
LOREUTO	MICHAEL ****		·	=	- Nалте	. <u></u> -	- 	عد حد		=r====
LORELLO, MICHAEL 675 BAYSIDE DR TARPON SPRINGS, FL 34689					Street Address	(P.O. Box Nur	mber is Not Accepta	abla)	-	
				ŀ	City		•	FL	Zip Cod	9
8. The above the obligati	named entity submits this stations of registered agent.	itement for the pur	pose of changing Its	registere	d office or registe	red agent, or	both, in the State of		lamillar with,	and accept
SIGNATURE_										
	Signature, typed or printed name of regis	stared agent and title If a	opicable. (NOT	E: Registered	Agent agnature require	d when reinstating)		DATE		
FIL After Ma	E NOWIII FEE IS \$150 my 1, 2004 Fee will be	0.00 \$550.00	Election Campa Trust Fund Cont			.00 May Be led to Fees			•	ï
10.	OFFICE	ERS AND DIRECT	ORS	11.		ADDITION	NS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
TOTALE -	P Delete								☐ Change	Addition
NAME STREET ADDRESS	LORELLO, MICHAEL 675 BAYSIDE DR			NAME	T ADDRESS					
CITY-ST-ZIP	TARPON SPRINGS, FL	34689		1	ST-ZIP					
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ITY-ST-ZIP		attack of the ex-		CITY-		u 21===	(A) (F) (F) (F) (F)	11.2		4
iz. Thereby c	certify that the information sup	plied with this film	g does not qualify for	the exen	ption stated in Se	ection 119.07((3)(i), Florida Statuti	es. I further cer	nry that the ir	ntormation or director
indicated of the corp	on this report or supplements poration or the receiver or true , or on an attachment with an a	stee empowered to	o execute this report	as require	ed by Chapter 60	7, Florida Stat	utes; and that my n	ame appears ii	1 Block 10 or 17 - 844-57	Block 11 if