2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P02000031535

Entity Name: JAMES G. SCELFO, MD, PA

Current Principal Place of Business:

950 CELEBRATION BLVD
D
CELEBRATION, FL 34747

New Principal Place of Business:

602 FRONT STREET
CELEBRATION, FL 34747

Current Mailing Address:

950 CELEBRATION BLVD
D
CELEBRATION, FL 34747

New Mailing Address:

602 FRONT STREET
CELEBRATION, FL 34747

FEI Number: 01-0634214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCELFO, JAMES G
950 CELEBRATION BLVD
D
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

SCELFO, JAMES G
602 FRONT STREET
CELEBRATION, FL 34747 US

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: JAMES G. SCELFO 02/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: SCELFO, JAMES G
Address: 950 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: DR ( ) Delete
Name: SCELFO, JAMES G
Address: 950 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SCELFO, JAMES G
Address: 602 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: DR (X) Change ( ) Addition
Name: SCELFO, JAMES G
Address: 602 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES G. SCELFO MD 02/05/2009
Electronic Signature of Signing Officer or Director Date