

2005 FOR PROFIT CORPORATION ANNUAL REPORT


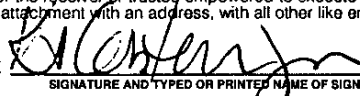
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Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90028 048 ***150.00

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01282005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000041690			
1. Entity Name KRISTA A. COSTANZO, M.D., P.A.			
Principal Place of Business 2309 LAKE DEBRA DR #227 ORLANDO, FL 32835		Mailing Address 1512 S. ORANGE AVE. ORLANDO, FL 32806	
2. Principal Place of Business 406 Calliope St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocoee Florida		City & State	
Zip 34761	Country USA	Zip	Country
4. FEI Number 35-2166329		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTANZO, KRISTA A M.D. 1512 S ORANGE AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANZO, KRISTA A M.D. 2309 LAKE DEBRA DR #227 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Costanzo, Krista A MD 406 Calliope Street Ocoee, Florida 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		KRISTA A. COSTANZO MD 3/17/05 407-8764346	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	