2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P02000041690 1. Entity Name KRISTA A. COSTANZO, M.D., P.A.					04-13-2007	7 90185 014 ***1	50.00	
Principal Place	e of Business	Mailing Address		-				
406 CALLIOP		1512 S. ORANGE AVE.	:					
OCOEE, FL 3		ORLANDO, FL 32806						
0002,72		ONEMIDO, 12 02000		 	1711 (1811 1814 1814 18 41	 		
Principal Place of Business - No P.O. Box # 3. Mailing Address 7. Documents 3. Mailing Address 7. Documents		17205.0	Cook Ave					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12/06)		
City & State		Ovland.	0 FL	4. FEI Number 35-2166		├	plied For t Applicable	
Zip	Country	2000	Country	5. Certificate of	f Status Desired	See Require		
	6. Name and Address of Current	Registered Agent	VOF	7. Name and /	Address of New R		<u>u</u>	
			Name			<u> </u>		
COSTANZO, KRISTA A M.D. 1512 S ORANGE AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO), FL 32806		1771	5/0	ok-An	ie		
			Cibral	2000		FL 学学	92NI	
8 The above	named entity submits this statement for	r the curross of chancion its r	agistared office or regist		un the State of Ele	<u> </u>	200	
	ions of registered agent.	it the purpose of changing its h	egistered office of regist	ered agent, or both	, in the State of Fig	лиа. тапталшаг үчп,	апо ассері	
SIGNATURE_	Signature, typed or printed name of registered agent	and title it applicable (NOTE	Regisiered Agent signature requi	red when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contril		5.00 May Be ided to Fees				
10.	OFFICERS AND	11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11		
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME	COSTANZO, KRISTA A M.D.		NAME					
STREET ADDRESS CITY - ST - ZIP	406 CALLIOPE STREET OCOEE, FL 34761		STREET ADDRESS CITY SEZIP					
TITLE	OCOEE, FE 34761		╊ ── 	····		[] 0t		
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CITY-S1-ZIP								
			CITY ST-ZIP					
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SIGNATURE AND PAPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _