


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90185 014 ***150.00

DOCUMENT # P02000041690 1. Entity Name KRISTA A. COSTANZO, M.D., P.A.					
Principal Place of Business 406 CALLIOPE ST OCOE, FL 34761			Mailing Address 1512 S. ORANGE AVE. ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1720 S. Cook Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Orlando FL		4. FEI Number 35-2166329	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32806		USA		Applied For <input type="checkbox"/> Not Applicable	
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) 1720 S. Cook Ave City Orlando FL Zip 32806		
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, 2007 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. 406 CALLIOPE STREET OCOE, FL 34761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/18/07 (407) 876 4346 Date Daytime Phone #		