

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095551

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** CASANOVA & CASANOVA, M.D.'S, P.A.

**Current Principal Place of Business:**

119 SINCLAIR STREET SW  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 16-1629969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CASANOVA, LUIS A M.D.  
Address: 119 SINCLAIR STREET SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: CASANOVA, ENA C M.D.  
Address: 119 SINCLAIR STREET SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: LUIS CASANOVA

D

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date