

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095874

FILED
Apr 29, 2004
Secretary of State

Entity Name: REVELLO MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

705 W FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

705 W FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 03-0480722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVELLO, MARTIN
705 W FLETCHER AVE
TAMPA, FL 33612

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BILGRAY, PATRICIA
Address: 7520 W WATERS AVE STE #5
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: REVELLO, MARTIN
Address: 19516 WYNDMILL CIR
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: REVELLO, RAUL
Address: 5501 REFLECTIONS BLVD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTIN REVELLO

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date