

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095874

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: REVELLO MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

1753 W FLETCHER AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1753 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  
1753 W FLETCHER AVE  
TAMPA, FL 33612 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

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: 4321 WATERFORD LANDING DR.  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: REVELLO, RAUL  
Address: 5501 REFLECTIONS BLVD  
City-St-Zip: LUTZ, FL 33558

**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 exemption stated 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 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

04/25/2007

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

\_\_\_\_\_  
Date