## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000095874

Address:

City-St-Zip:

5501 REFLECTIONS BLVD

LUTZ, FL 33558

Entity Name: REVELLO MEDICAL MANAGEMENT INC.

FILED Jul 08, 2008 Secretary of State

y			W/ W/ W/ CEMEIVIT, II	•0.				
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
1753 W FL TAMPA, F		AVE						
Current Mailing Address:				New Maili	New Mailing Address:			
1753 W FL TAMPA, F		AVE						
FEI Number	: 03-0480722	P FEI Numbe	er Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
REVELLO 1753 W FL TAMPA, F The above in the State	ETCHER L 33612 named en	US tity submits this	statement for the p	urpose of changing i	ts regist	ered office or registered agent, or both	,	
SIGNATUI	RE:							
	Elec	tronic Signatur	e of Registered Age	nt		Date		
Election Car	npaign Fina	ncing Trust Fund	Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D BILGRAY, 7520 W W TAMPA, FI	'ATERS AVE STE#	<del>/</del> 5	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D REVELLO 4321 WAT LUTZ, FL	ERFORD LANDING	G DR.	Title: Name: Address: City-St-Zip:	1753 W	(X) Change()Addition LO, MARTIN FLETCHER AVE FL 33612		
Title: Name:	D REVELLO	( ) Delete		Title: Name:		() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: MARTIN REVELLO D 07/08/2008