


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000122601 1. Entity Name GIUSEPPE GUAITOLI, M.D., P.A.	
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Principal Place of Business 130 N. TAMiami TRAIL SUITE 120 NAPLES, FL 34102	Mailing Address C/O CPA FINANCIAL PO BOX 2507 BONITA SPRINGS, FL 34133
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3882881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000247338
03/01/05-80018-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GUAITOLI, GIUSEPPE M.D. PO BOX 2507 BONITA SPRINGS, FL 34133
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Giuseppe GUAITOLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05
Date

203-263-4013
Daytime Phone #