

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90071 020 \*\*\*150.00

**DOCUMENT # P02000122601**

1. Entity Name  
**GIUSEPPE GUAITOLI, M.D., P.A.**



Principal Place of Business  
**130N. TAMiami TRAIL  
SUITE 202  
NAPLES, FL 34102**

Mailing Address  
**C/O SNUFG & CIM =, LLP  
PO BOX 2507  
BONITA SPRINGS, FL 34133**

40001300



2. Principal Place of Business - No P.O. Box #  
**9776 Bonita Beach Rd SE**

3. Mailing Address

01052007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
**Suite 202-A**

Suite, Apt. #, etc.

City & State  
**Bonita Springs FL 34135**

City & State

4. FEI Number  
**22-3882881**

Applied For  
Not Applicable

Zip Country  
**34135 U.S.A.**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSLAND, WILLIAM W  
27657 OLD 41 RD  
BONITA SPRINGS, FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
GUAITOLI, GIUSEPPE M.D.  
PO BOX 2507  
BONITA SPRINGS, FL 34133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**1/8/07 (239) 947-4822**

Date

Daytime Phone #