

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060918

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: PETER AGNELLO, M.D., P.A.

## Current Principal Place of Business:

4141 BAYSHORE BLVD, #506  
TAMPA, FL 33611

## New Principal Place of Business:

3450 E. FLETCHER AVE  
SUITE 350  
TAMPA, FL 33613

## Current Mailing Address:

4141 BAYSHORE BLVD, #506  
TAMPA, FL 33611

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGNELLO, PETER MD  
4141 BAYSHORE BLVD, #506  
TAMPA, FL 33611 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: AGNELLO, PETER MD  
Address: 4141 BAYSHORE BLVD, #506  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PETER AGNELLO

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date