

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060918

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

FILED
Jul 11, 2006
Secretary of State

Current Principal Place of Business:

3450 E. FLETCHER AVE
SUITE 350
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

4141 BAYSHORE BLVD, #506
TAMPA, FL 33611

New Mailing Address:

4141 BAYSHORE BLVD, #1902
TAMPA, FL 33611

FEI Number: 20-0804180

FEI Number Applied For ()

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:

AGNELLO, PETER MD
4141 BAYSHORE BLVD, #1902
TAMPA, FL 33611 US

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:

07/11/2006

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: D (X) Change () Addition
Name: AGNELLO, PETER MD
Address: 4141 BAYSHORE BLVD, #1902
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER AGNELLO

MD

07/11/2006

Electronic Signature of Signing Officer or Director

Date