

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060918

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

**FILED**  
**Apr 22, 2011**  
**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:**

3450 E. FLETCHER AVE  
SUITE 350  
TAMPA, FL 33613

**New Mailing Address:**

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  
1614 BRILLIANT CUT WAY  
VALRICO, FL 33594 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: PETER AGNELLO

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: AGNELLO, PETER MD  
Address: 4141 BAYSHORE BLVD #1902  
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: PETER AGNELLO

MD

04/22/2011

Electronic Signature of Signing Officer or Director

Date