

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90250 042 ***150.00

DOCUMENT # P03000065507

1. Entity Name
PERRY VITALE, P.A.



Principal Place of Business
**8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952**

Mailing Address
**PO BOX 7043
PORT ST. LUCIE, FL 34985**

24058015



04192004 Chg-P CR2E034 (10/03)

4. FEI Number
56-2370518 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRY, VITALE
8402 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name **Vitale, Perry**
Street Address (P.O. Box Number is Not Acceptable)
8402 S. US Highway 1
City **Port St. Lucie** FL **34952**

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 **Perry Vitale** DATE **4/27/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PERRY, VITALE PO BOX 7043 PORT ST. LUCIE, FL 34985 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Vitale, Perry PO Box 7043 Port St. Lucie, FL 34985 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Perry Vitale** DATE **4/27/04** 722-344-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR