# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# P04000008269

**Entity Name:** MICHELLE PISO, CRNA, PA

**Current Principal Place of Business:**

1804 N.W. 141ST AVE.
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1804 N.W. 141ST AVE.
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number: 20-0586603** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PISO, MICHELLE
1804 N.W. 141ST AVE.
PEMBROKE PINES, FL 33028 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: PD ( ) Delete
Name: PISO, MICHELLE
Address: 1804 N.W. 141ST AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

**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 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: MICHELLE PISO CRNA 04/28/2008

Electronic Signature of Signing Officer or Director Date