


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90260 004 ***150.00

DOCUMENT # P04000044066


1. Entity Name
CHRISTOPHER R. SFORZO, M.D., P.A.



Principal Place of Business Mailing Address
4937 CLARK ROAD **4937 CLARK ROAD**
SARASOTA, FL 34233 **SARASOTA, FL 34233**

2. Principal Place of Business 3. Mailing Address
13663 Legend's Walk Terr. **13663 Legend's Walk Terr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bradenton FL **Bradenton FL**
 Zip Country Zip Country
34202 USA **34202 USA**



02172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
DOOLEY, WILLIAM A ESQ
1432 FIRST STREET
SARASOTA, FL 34236

4. FEI Number Applied For
20-0985950 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Dorene R. Cotter**
 Street Address (P.O. Box Number is Not Acceptable)
2822 Proctor Rd., Ste. A
 City **Sarasota** FL Zip Code **34231**

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 *Dorene R. Cotter* (Dorene R. Cotter) DATE 3/6/05
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SFORZO, CHRISTOPHER R MD			NAME			
STREET ADDRESS	4937 CLARK ROAD			STREET ADDRESS	13663 Legend's Walk Terrace		
CITY-ST-ZIP	SARASOTA, FL 34233			CITY-ST-ZIP	Bradenton FL 34202		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 info empowered.

SIGNATURE: *Christopher R. Sforzo* DATE 3/6/05 DAYTIME PHONE # (941) 815-6704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Christopher R. Sforzo