


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90551 004 ***150.00

DOCUMENT # P04000048177		
1. Entity Name THOMAS R. CIVITELLA, M.D. OPHTHALMOLOGIST, INC.		

Principal Place of Business 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Mailing Address 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952
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2. Principal Place of Business 3280 TAMIAMI TR Suite, Apt. #, etc. STE 3	3. Mailing Address 4557 COLLEEN ST Suite, Apt. #, etc.
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City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33952	Zip 33952-9172



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0902789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CIVITELLA, THOMAS DR. 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3280 TAMIAMI TR, STE 3 City PORT CHARLOTTE FL Zip Code 33952
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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 Thomas R. Civitella M.D. DATE 28 April 05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CIVITELLA, THOMAS R DR. 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4557 COLLEEN ST PORT CHARLOTTE, FL 33952
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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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
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
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

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: Thomas R. Civitella M.D. THOMAS R. CIVITELLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 28 April 05 Daytime Phone # 941-2350880