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Secretary of State

02-28-2005 90217 049 ***150.00

2005 FOR PROFIT CORPOR ON ANNUAL REPORT (AP

DOCUMENT # P04000049581

1. Entity Name

LORA L. RESIGNATO, R.N., C.D.E., P.A.

bUUUUJJU

Principal Place of Business
5323 MONTEGO LANE
PT CHARLOTTE FL 33981

Mailing Address
5323 MONTEGO LANE
PT CHARLOTTE FL 33981

Please change address

2. Principal Place of Business	3. Mailing Address
6183 CROMWELL ST	6183 CROMWELL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood FL	City & State: ENGLEWOOD FL
Zip: 34224 Country: Charlotte	Zip: 34224 Country: Charlotte

1st MOORE CR2E034 (10/04)

4. FEI Number 65 1226614 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: LORA RESIGNATO RNCDE PA
Street Address (P.O. Box Number is Not Acceptable): 6183 CROMWELL ST
City: ENGLEWOOD FL Zip Code: 34224

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: Lora Resignato 2/22/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RESIGNATO, LORA L	NAME	
STREET ADDRESS	5323 MONTEGO LANE	STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33981 new address	CITY-ST-ZIP	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RESIGNATO, LORA L.	NAME	
STREET ADDRESS	6183 CROMWELL ST	STREET ADDRESS	
CITY-ST-ZIP	Englewood FL 34224	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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)(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: Lora Resignato RN CDE PA 2/22/05 941-626-5781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #