

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2005 8:00 am
Secretary of State

02-28-2005 90195 006 ***150.00

DOCUMENT # P04000083289	
1. Entity Name KATHY SANTORIELLO, M.D., P.A.	

Principal Place of Business 1050 SE MONTEREY RD STE 203 STUART, FL 34996	Mailing Address 1050 SE MONTEREY RD STE 203 STUART, FL 34996
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66007090



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

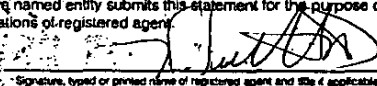
02032005 Chg-P CR2E034 (10/03)

4. FEI Number 20128-258	Applied For Not Applicable
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5. Certificate of Status Desired: ☐ ☒ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent SANTORIELLO, KATHY 1050 SE MONTEREY RD STE 203 STUART, FL 34996		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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9. 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: 	DATE: 3-18-05
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTORIELLO, KATHY 6860 SE HARBOR CIRCLE STUART, FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  KATHY SANTORIELLO	Date: 2-22-05	Daytime Phone #: 772 419-0505
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