

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099211

FILED
Jan 15, 2009
Secretary of State

Entity Name: PAUL A. MANCUSO, M.D., P.A.

Current Principal Place of Business:

615 E PRINCETON STREET
SUITE # 210
ORLANDO, FL 32803

New Principal Place of Business:

615 E PRINCETON STREET
SUITE #510
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 677128
ORLANDO, FL 328170094

New Mailing Address:

FEI Number: 20-1313659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANCUSO, PAUL A M.D.
615 E PRINCETON STREET
SUITE #210
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

MANCUSO, PAUL A M.D.
615 E PRINCETON STREET
SUITE #510
ORLANDO, FL 32803 US

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: TINA MCKENNA

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MANCUSO, PAUL A M.D.
Address: P.O. BOX 677128
City-St-Zip: ORLANDO, FL 328170094

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: TINA MCKENNA

MS.

01/15/2009

Electronic Signature of Signing Officer or Director

Date