

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024565

Entity Name: MICHAEL JON RINALDI, DO, PA

FILED
Sep 22, 2008
Secretary of State

Current Principal Place of Business:

5992 BERRYHILL RD
STE 205
MILTON, FL 325701014

New Principal Place of Business:

6044 DOCTORS PARK RD
MILTON, FL 32570 US

Current Mailing Address:

5992 BERRYHILL RD
STE 205
MILTON, FL 325701014

New Mailing Address:

6044 DOCTORS PARK RD
MILTON, FL 32570 US

FEI Number: 38-3191291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINALDI, MICHAEL J DO
5992 BERRYHILL RD
STE 205
MILTON, FL 325701014 US

Name and Address of New Registered Agent:

RINALDI, MICHAEL J DO
6044 DOCTORS PARK RD
MILTON, FL 32570 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:

09/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RINALDI, MICHAEL J
Address: 5992 BERRYHILL RD STE 205
City-St-Zip: MILTON, FL 325701014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RINALDI, MICHAEL J
Address: 6044 DOCTORS PARK RD.
City-St-Zip: MILTON, FL 32570 US

Title: P () Change (X) Addition
Name: RINALDI, MICHAEL J
Address: 550 W. REDSTONE AVE, STE. #410
City-St-Zip: CRESTVIEW, FL 32536 US

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: MICHAEL J. RINALDI, DO

P

09/22/2008

Electronic Signature of Signing Officer or Director

Date