


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90017 026 ***150.00

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| DOCUMENT # P05000061179 |  |
| 1. Entity Name JOHN J. PIRRELLO, M.D., P.A. | |

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| Principal Place of Business 7509 STATE ROAD 52 #210 HUDSON, FL 34667 | Mailing Address 7509 STATE ROAD 52 #210 HUDSON, FL 34667 |
|--|--|

40005525



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

01062006 Chg-P CR2E034 (11/05)

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|---|--|--|
| 4. FEI Number 20-2756441 | | 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 DAVIS, GARY L ESQ DAVIS, MARLOWE & GREY 9020 RANCHO DEL RIO DRIVE STE 101 NEW PORT RICHEY, FL 34655 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST PIRRELLO, JOHN J M.D. 10827 ALICO PASS NEW PORT RICHEY, FL 34655 <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 |
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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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOHN J. PIRRELLO J. Pirrello, MD 1/6/06 727-861-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #