


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000101833	
1. Entity Name PAUL E. GREGOLINE, DPM, P.A.	

Principal Place of Business 45 NW 4TH STREET HOMESTEAD, FL 33009	Mailing Address 1865 S. OCEAN DR. #15-I HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE

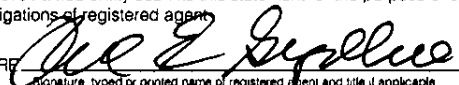


04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3127052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREGOLINE, PAUL DPM 1865 S. OCEAN DR, SUITE 15-I HALLANDALE, FL 33009
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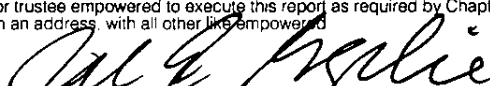
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/23/08</u> <small>(Not if Registered Agent's signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREGOLINE, PAUL E DPM 1865 S. OCEAN DR, SUITE 15-I HALLANDALE, FL 33009
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05/16/08-80003-010 150.00

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/23/08</u> <small>Daytime Phone #</small>