

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135182

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** LORETTA GALLO-LOPEZ, MA, P.A.

**Current Principal Place of Business:**

105 EAST GIDDENS AVENUE  
7  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

5610 N. BRANCH AVE.  
TAMPA, FL 33604 US

**New Mailing Address:**

**FEI Number:** 43-2089852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLO-LOPEZ, LORETTA  
5610 N. BRANCH AVE.  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GALLO-LOPEZ, LORETTA  
Address: 5610 NORTH BRANCH AVENUE  
City-St-Zip: TAMPA, FL 33604 US

Title: VP  
Name: GALLO-LOPEZ, NICHOLAS  
Address: 5610 N. BRANCH AV.  
City-St-Zip: TAMPA, FL 33604 US

Title: VP  
Name: GALLO-LOPEZ, EMILY K  
Address: 5610 N. BRANCH AV.  
City-St-Zip: TAMPA, FL 33604 US

I hereby 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 all other like empowered.

SIGNATURE: LORETTA GALLO-LOPEZ

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date