


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90072 048 \*\*\*150.00

<b>DOCUMENT # P06000025906</b>	
1. Entity Name <b>RINNOVA MED-SURGICAL &amp; LASER INSTITUTE, P.A.</b>	

Principal Place of Business <b>4933 MILE STRETCH DR. HOLIDAY, FL 34690</b>	Mailing Address <b>4933 MILE STRETCH DR. HOLIDAY, FL 34690</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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02162007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4285486**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CAPPIELLO, GERARD A. M.D. 4933 MILE STRETCH DR. HOLIDAY, FL 34690</b>	
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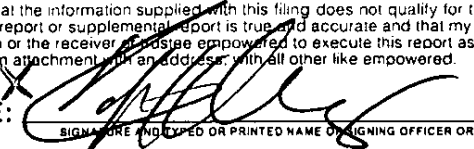
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <b>D CAPPIELLO, GERARD A. MD</b> <b>1965 LYNNWOOD CT.</b> <b>DUNEDIN, FL 34698</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.D.S.T</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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.	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>3/18/07</b> Daytime Phone #