

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098762

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** WILLIAM B. ACEVEDO, M.D., P.A.

**Current Principal Place of Business:**

7261 SYLVAN GLADE CT.  
SPRING HILL, FL 346074037

**New Principal Place of Business:**

40 VETERANS AVE  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

7261 SYLVAN GLADE CT.  
SPRING HILL, FL 346074037

**New Mailing Address:**

FEI Number: 20-5314271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACEVEDO, WILLIAM B  
7261 SYLVAN GLADE CT.  
SPRING HILL, FL 346074037 US

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

ACEVEDO, WILLIAM B  
40 VETERANS AVE  
BROOKSVILLE, FL 3460 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: ACEVEDO, WILLIAM B  
Address: 7261 SYLVAN GLADE CT.  
City-St-Zip: SPRING HILL, FL 346074037

Title: D ( ) Delete  
Name: ACEVEDO, WILLIAM B  
Address: 7261 SYLVAN GLADE CT.  
City-St-Zip: SPRING HILL, FL 346074037

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: ACEVEDO, WILLIAM B  
Address: 40 VETERANS AVE.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Change ( ) Addition  
Name: ACEVEDO, WILLIAM B  
Address: 40 VETERANS AVE  
City-St-Zip: BROOKSVILLE, FL 34601

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: WILLIAM ACEVEDO

Electronic Signature of Signing Officer or Director

P

04/30/2007

Date