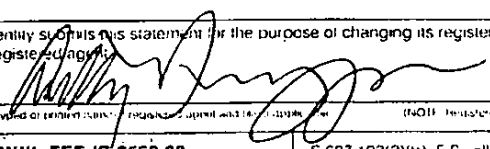
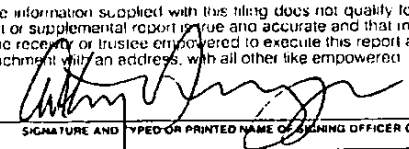


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State

06-21-2007 90021 049 ***150.00

DOCUMENT # P06000124918			
1. Entity Name ANTHONY N. PANNOZZO, M.D., P.A.			
Principal Place of Business 16244 MILITARY TRAIL STE. 740 DELRAY BEACH FL 33484 US		Mailing Address 16244 MILITARY TRAIL STE. 740 DELRAY BEACH FL 33484 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHAPMAN, KRISTINE M ESQUIRE 2000 GLADES ROAD STE. 306 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name ANTHONY N. PANNOZZO Street Address (P.O. Box Number is Not Acceptable) 16244 MILITARY TRAIL # 740 City DELRAY BEACH FL 33484	
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  DATE 6/18/07			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	
9. Election Campaign Financing Trust Fund Contribution ☐ \$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	☐ Delete P PANNOZZO, ANTHONY N 16244 MILITARY TRAIL, STE. 740 DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 secretary 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: 		ANTHONY N. PANNOZZO, M.D. 561-381-5800 Date 6/18/07	

66020167



2nd MOORE CR2E034 (4/07)

4. FEI Number **51-0609483** Applied For ☐ Not Applicable

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

6/18/07

561-381-5800