

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148807

FILED
Mar 22, 2007
Secretary of State

Entity Name: JAMES J. BUONAVOLONTA, M.D., P.A.

Current Principal Place of Business:

1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

New Principal Place of Business:

311 9TH STREET N
SUITE 304
NAPLES, FL 34102 US

Current Mailing Address:

1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

New Mailing Address:

311 9TH STREET N
SUITE 304
NAPLES, FL 34102 US

FEI Number: 59-3394069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUONAVOLONTA, JAMES J M.D.
1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BUONAVOLONTA, JAMES J M.D.
311 9TH STREET N
SUITE 304
NAPLES, FL 34102 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:

03/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BUONAVOLONTA, JAMES J M.D.
Address: 1100 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BUONAVOLONTA, JAMES J M.D.
Address: 311 9TH STREET N SUITE 304
City-St-Zip: NAPLES, FL 34102 US

Title: PRES () Change (X) Addition
Name: BUONAVOLONTA, JAMES J M.D.
Address: 311 9TH STREET NORTH SUITE 304
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES BUONAVOLONTA

PRES

03/22/2007

Electronic Signature of Signing Officer or Director

Date