

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000097524

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** SVETLANA A. CASCIO, M.D., P.A.

**Current Principal Place of Business:**

1730 TEMPLE DRIVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

301 S. MAITLAND AVENUE  
SUITE A  
MAITLAND, FL 32751

**Current Mailing Address:**

1730 TEMPLE DRIVE  
WINTER PARK, FL 32789

**New Mailing Address:**

301 S. MAITLAND AVENUE  
SUITE A  
MAITLAND, FL 32751

**FEI Number:** 27-1413236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHICK, DAVID L ESQ.  
301 E. PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 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: PSTD  
Name: CASCIO, SVETLANA A M.D.  
Address: 301 S. MAITLAND AVENUE SUITE A  
City-St-Zip: MAITLAND, FL 32751

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: SVETLANA A. CASCIO

PA

06/17/2010

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

\_\_\_\_\_  
Date