

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000018862

**Entity Name:** CARACCIOLI MEDICAL SERVICES, P.A.

FILED  
Jan 12, 2012  
Secretary of State

**Current Principal Place of Business:**

3900 UNIVERSITY BLVD SOUTH  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3900 UNIVERSITY BLVD SOUTH  
JACKSONVILLE, FL 32216

**New Mailing Address:**

101 HICKORY HILL DRIVE  
ST AUGUSTINE, FL 32095

FEI Number: 27-5137620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE STE 1200  
JACKSONVILLE, FL 32202 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: DR  
Name: CARACCIOLI, VINCENT J  
Address: 101 HICKORY HILL DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

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: VINCENT J. CARACCIOLI

Electronic Signature of Signing Officer or Director

DR

01/12/2012

Date