2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000026686

1. Entity Name

MICHAEL L. CASELNOVA, M.D., P.A.



Principal Place of Business

Mailing Address

7209 GREENLOPE DR ZEPHYRHILLS, FL 33541

US

7209 GREENLOPE DR ZEPHYRHILLS, FL 33541

US

FILED Apr 23, 2007 08:00 AM Secretary of State



CR2E034 (11/05)

813-782-2646

Daylime Phone #

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6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME

E Contilled at Status Desired	S8.75 Additional		
59-3177853		Not Applicable	
4. FEI Number		Applied For	
		1 1	

CASELNOVA, MICHAEL L MD 7209 GREENSLOPE DRIVE ZEPHYRHILLS, FL 33541

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

04012007

	named entity submits this statement for the pions of registered agent.	eurpose of chang	ing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title t	f applicable.	(NOTE: Registered A	gent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		ampaign Financ Contribution.	ng 🗆	\$5.00 May Be Added to Fees	'. ,
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASELNOVA, MICHAEL L M 7209 GREENSLOPE DR. ZEPHYRHILLS, FL 33541					Lionanomagema
NAME STREET ADDRESS CITY-ST-ZIP						U00000726529 05/04/07-80011-009 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corp changed,	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with a	ling does not qua ind accurate and to execute this r other like empo	alify for the exem I that my signatur report as require wered.	ptions cor e shall have d by Chap	ntained in Chapter 115 re the same legal effecter 607, Florida Statute	p. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if