

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026686

FILED
Jul 31, 2009
Secretary of State

Entity Name: MICHAEL L. CASELNOVA, M.D., P.A.

Current Principal Place of Business:

7209 GREENLOPE DR
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

11335 FORT KING RD
DADECITY, FL 33525 US

Current Mailing Address:

7209 GREENLOPE DR
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

P.O. BOX 8
DADE CITY, FL 33526 US

FEI Number: 59-3177853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASELNOVA, MICHAEL L MD
11335 FORT KING RD
DADE CITY, FL 33525 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:

07/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASELNOVA, MICHAEL L M
Address: 7209 GREENSLOPE DR.
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASELNOVA, MICHAEL L M
Address: 11335 FORT KING RD
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL L. CASELNOVA, M.D.

PD

07/31/2009

Electronic Signature of Signing Officer or Director

Date