

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049154

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: ANTHONY BRIGNONI, M.D., P.A.

## Current Principal Place of Business:

2484 CARING WAY  
STE D  
PORT CHARLOTTE, FL 33952 US

## New Principal Place of Business:

## Current Mailing Address:

2484 CARING WAY  
STE D  
PORT CHARLOTTE, FL 33952 US

## New Mailing Address:

FEI Number: 65-0426005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIGNONI, ANTHONY  
2484 CARING WAY  
STE D  
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRIGNONI, ANTHONY  
Address: 2484 CARING WAY, STE D  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY BRIGNONI

D

02/09/2007

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

\_\_\_\_\_  
Date