2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90180 002 ***150.00

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1. Entity Name
VICTORIA A. VITALE-LEWIS, M.D., P.A.

Principal Place of Business	Mailing Address
128 MELBOURNE, FL 32901	128 MELBOURNE, FL 32901

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1800 W. Hibiscus	1800 W. Hibiscus
Suite, Apt. #, etc.: Ste 128	Suite, Apt. #, etc.: Ste 128
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32901-2629 Country: USA	Zip: 32901-2629 Country: USA

02272007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3199690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, BRIAN A 215 SOUTH MONROE 2ND FLOOR TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	VITALE-LEWIS, VICTORIA A MD		NAME		
STREET ADDRESS	1229 E STRAWBRIDGE AVE		STREET ADDRESS	1800 W. Hibiscus, Ste 128	
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP	Melbourne, FL 32901-2629	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ _____ (321) 676-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #