


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90028 001 ***150.00

DOCUMENT # P93000062967

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



Principal Place of Business 1800 WEST HIBISCUS SUITE 108 MELBOURNE, FL 32901	Mailing Address 1800 WEST HIBISCUS SUITE 108 MELBOURNE, FL 32901
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40010450

2. Principal Place of Business - No P.O. Box # 1513 S. Harbor City Blvd Suite, Apt. #, etc.	3. Mailing Address 1513 S Harbor City Blvd Suite, Apt. #, etc.
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01152008 Chg-P CR2E034 (12/06)

City & State Melbourne FL	City & State Melbourne FL
Zip 32901	Zip 32901
Country USA	Country USA

4. FEI Number 59-3199690	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**NEWMAN, BRIAN A
 215 SOUTH MONROE 2ND FLOOR
 TALLAHASSEE, FL 32301**

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VITALE-LEWIS, VICTORIA A MD <input type="checkbox"/> Delete 1800 WEST HIBISCUS SUITE 128 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #