

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062967

FILED
Jun 08, 2009
Secretary of State

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

Current Principal Place of Business:

1513 S. HARBOR CITY BLVD.
SUITE 108
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1513 S. HARBOR CITY BLVD.
SUITE 108
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3199690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: PDT () Delete
Name: VITALE-LEWIS, VICTORIA A MD
Address: 1800 WEST HIBISCUS SUITE 128
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: VITALE-LEWIS, VICTORIA A MD
Address: 1513 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

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: VICTORIA VITLAE LEWIS

PDT

06/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date