

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062967

FILED
Feb 22, 2010
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:

1513 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

Current Mailing Address:

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

New Mailing Address:

1513 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: PDT
Name: VITALE-LEWIS, VICTORIA A M.D.
Address: 1513 S. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA VITALE-LEWIS, M.D.

PDT

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date