

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P94000048433

1. Entity Name  
 CLEMENT J. DEMASI, M.D., P.A.



Principal Place of Business  
 825 VENETIAN PARKWAY  
 VENICE, FL 34285 US

Mailing Address  
 825 VENETIAN PARKWAY  
 VENICE, FL 34285 US



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0500789	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEMASI, RONALD W  
 825 VENETIAN PARKWAY  
 VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restateing)

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	PT DEMASI, RONALD W 825 VENETIAN PARKWAY VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KONDAPALLI, RAVI 825 VENETIAN PARKWAY VENICE, FL 34285
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 03/19/08-80029-023 150.00

**DO NOT WRITE IN THIS SPACE**

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 #