

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069955

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: JOSEPH F. SAVONA, M.D., P.A.

**Current Principal Place of Business:**

8000 RED BUG LAKE ROAD  
SUITE 230  
OVIDO, FL 327658084

**New Principal Place of Business:**

**Current Mailing Address:**

8000 RED BUG LAKE ROAD  
SUITE 230  
OVIDO, FL 327658084

**New Mailing Address:**

FEI Number: 59-3268809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAROLAN, J P III  
390 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32802 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: PD ( ) Delete  
Name: SAVONA, JOSEPH F M.D.  
Address: 8000 RED BUG LAKE ROAD, STE. 230  
City-St-Zip: OVIDO, FL 32765

Title: TS ( ) Delete  
Name: TOKARSKI, PENELOPE A. M  
Address: 8000 RED BUG LAKE RD #230  
City-St-Zip: OVIDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH F SAVONA, MD

PD

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date