

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013349

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: PHILIP COLAIZZO, M.D., P.A.

## Current Principal Place of Business:

170 S BARFIELD HWY  
#108  
PAHOKEE, FL 33476 US

## New Principal Place of Business:

185 S BARFIELD HWY  
PAHOKEE, FL 33476 US

## Current Mailing Address:

P.O. BOX 4073  
TEQUESTA, FL 33469

## New Mailing Address:

FEI Number: 65-0556932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLAIZZO, PHILIP DR  
9283 SE COVE POINT  
TEQUESTA, FL 33469 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: DR ( ) Delete  
Name: COLAIZZO, PHILIP  
Address: 9283 SE COVE POINT ST  
City-St-Zip: TEQUESTA, FL 33469

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PHILIP COLAIZZO

DR

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date