2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000013162

1. Entity Name DR. DOMINGO E. GALLIANO, JR., P.A.



Principal Place of Business

2525 HARBOR BLVD STE 208 PORT CHARLOTTE, FL 33952 Mailing Address

2525 HARBOR BLVD STE 208 PORT CHARLOTTE, FL 33952

FILED ---Apr 15, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0720209 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GALLIANO, DOMINGO E JR 2349 ST DAVID ISLAND COURT PUNTA GORDA, FL 33950

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

| | | | | <u> </u> | |
|--|--|-------|-------|--------------------------------|---------------------------|
| 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 site if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | icing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRE | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALLIANO, DOMINGO E JR 2349 ST DAVID ISLAND COURT PUNTA GORDA, FL 33950 | | | | 000000113470 |
| TITLE NAME STREET ADDRESS CITY-ST-ZSP | | | | | 04/15/04-80010-021 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZBP | • | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN. | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 it 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. | | | | | |