## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000037014

Entity Name: AMERICO PERRY VITALE, Ph.D., P.A.

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2231 N. UNIVERSITY DRIVE SUITE C PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

2231 N. UNIVERSITY DRIVE SUITE C PEMBROKE PINES, FL 33024

FEI Number: 65-0752636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VITALE, AMERICO P
7558 NW 17 DRIVE
PEMBROKE PINES, FL 33024 US
VITALE, AMERICO P
1100 ST. CHARLES PLACE
APT 317
PEMBROKE PINES, FL 33026 US

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: 01/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition VITALE, AMERICO P PH.D. VITALE, AMERICO P PH.D. Name: Name: 7558 NW 17 DR Address: 1100 ST CHARLES PLACE APT. 317 Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024

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: AMERICO PERRY VITALE, PH.D. PRES 01/24/2006