


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90201 015 \*\*\*150.00

|   |   |                                      |  |   |  |
|---|---|--------------------------------------|--|---|--|
| <b>DOCUMENT # P97000058884</b><br>1. Entity Name<br>DOUGLAS TERZIGNI, D.O. P.A.   |   |                                      |  |    |  |
| Principal Place of Business<br>3006 US HWY 19<br>HOLIDAY, FL 34691  |   |                                      | Mailing Address<br>3006 US HWY 19<br>HOLIDAY, FL 34691   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>2222 US HWY 19  |   | 3. Mailing Address<br>2222 US HWY 19 |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                  |  |   |  |
| City & State<br>HOLIDAY FL  |   | City & State<br>HOLIDAY FL           |  | 4. FEI Number<br>59-3460525   |  |
| Zip<br>34691  |   | Country                              |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>TERZIGNI, DOUGLAS E<br>3006 US HWY 19<br>HOLIDAY, FL 34691   |   |                                      |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>2222 US HWY 19<br>City<br>HOLIDAY FL Zip Code<br>34691 |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                                      |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   |                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PST<br>TERZIGNI, DOUGLAS E<br>3006 US HWY 19<br>HOLIDAY, FL 34691 |                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2222 US HWY 19<br>HOLIDAY FL 34691  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                   |                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 persons empowered. |   |                                      |  |   |  |
| <b>SIGNATURE:</b> _____ <b>4/11/2007</b> <b>727944453</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |                                      |  |   |  |

50001512



03232007 Chg-P CR2E034 (12/06)