

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063894

**FILED**  
**Mar 27, 2007**  
**Secretary of State**

**Entity Name:** PETER R. ALDANA, M.D., P.A.

**Current Principal Place of Business:**

1801 S. 23RD STREET  
SUITE 7  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

1801 S. 23RD STREET  
SUITE 7  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0771143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEC CONSULTANTS, INC.  
5070 HIGHWAY A1A, NORTH  
SUITE 221  
VERO BEACH, FL 32963 US

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

ALDANA, PETER R MD  
1801 S 23RD 23RD, STE7  
FT PIERCE, FL 34950 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:** PETER ALDANA

03/27/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** ALDANA, PETER R MD  
**Address:** 1801 S.23RD ST, STE 7  
**City-St-Zip:** FORT PIERCE, FL 34950

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

**Title:** D (X) Change ( ) Addition  
**Name:** ALDANA, PETER R MD  
**Address:** 1801 S. 23RD ST, STE 7  
**City-St-Zip:** FORT PIERCE, FL 34950

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:** PETER ALDANA

MD

03/27/2007

Electronic Signature of Signing Officer or Director

Date