

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 002 ***150.00

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1. Entity Name
JOSEPH D. BIANCHI, M.D., P.A.



Principal Place of Business Mailing Address
TWIN LAKES MEDICAL CENTER 1890 LPGA BLVD TWIN LAKES MEDICAL CENTER
STE # 250 STE # 250
DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117

40008549



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3542314 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIANCHI, JOSEPH D MD
1890 LPGA BLVD
STE 250
DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BIANCHI, JOSEPH D MD
STREET ADDRESS 1890 LPGA BLVD STE 250
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #