

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032348

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

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

TWIN LAKES MEDICAL CENTER  
1890 LPGA BLVD  
DAYTONA BEACH, FL 32117

## Current Mailing Address:

TWIN LAKES MEDICAL CENTER  
STE # 250  
DAYTONA BEACH, FL 32117

## New Principal Place of Business:

TWIN LAKES MEDICAL CENTER  
1890 LPGA BLVD SUITE 250  
DAYTONA BEACH, FL 32117

## New Mailing Address:

TWIN LAKES MEDICAL CENTER  
1890 LPGA BLVD SUITE 250  
DAYTONA BEACH, FL 32117

FEI Number: 59-3542314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BIANCHI, JOSEPH D MD  
Address: 1890 LPGA BLVD STE 250  
City-St-Zip: DAYTONA BEACH, FL 32117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BIANCHI, JOSEPH D MD  
Address: 1890 LPGA BLVD SUITE 250  
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH D BIANCHI

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date