


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90139 007 ***150.00

DOCUMENT # P98000076079	
1. Entity Name JOHANNA D'URSO TALDONE, M.D., P.A.	

Principal Place of Business 2835 ALT 19 PALM HARBOR, FL 34683	Mailing Address 1371 ENISWOOD PARKWAY PALM HARBOR, FL 34683 <i>123 Carlyle Ci Palm Harbor FL 34683</i>
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40050944



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3530598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent M.D., TALDONE, JOHANNA D 1371 ENISWOOD PARKWAY PALM HARBOR, FL 34683 <i>123 Carlyle Ci Palm Harbor FL 34683</i>

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD M.D. TALDONE, JOHANNA D 1371 ENISWOOD PARKWAY PALM HARBOR, FL 34683 <i>123 Carlyle Ci Palm Harbor FL 34683</i>
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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

3/27/07 727 786 3866

Date

Daytime Phone #