


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90013 043 ***150.00

DOCUMENT # P99000034695			
1. Entity Name RICHARD J. TORRICELLI, M.D., P.A.			
Principal Place of Business 2002 DEL PRADO BOULEVARD SUITE 101 CAPE CORAL, FL 33990		Mailing Address 2002 DEL PRADO BOULEVARD SUITE 101 CAPE CORAL, FL 33990	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADLER, NATHAN J ESQ. 8695 COLLEGE PARKWAY SUITE 112 FORT MYERS, FL 33919		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRICELLI, RICHARD J	NAME	
STREET ADDRESS	2002 DEL PRADO BOULEVARD, STE 101	STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33990	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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05152006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0917452 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



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Division of Corporations

Annual Report

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Document Number
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Business Entity Name
RICHARD J. TORRICELLI, M.D., P.A.

FBI Number
FBI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Mailing Address

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

Address (PO Box is not acceptable)
Suite, Apt. #, etc.
City, State
Zip Code & Country

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title: [D]
Name (Last, First, Middle, Title): [TORRICELLI, RICHARD, J]

- OR -

Entity Name to serve as Officer/Director: []

Street Address: [2002 DEL PRADO BOULEVARD, STE 101]

City, State: [CAPE CORAL, FL]

Zip Code & Country: [33990]

Title: []
Name (Last, First, Middle, Title): []

- OR -

Entity Name to serve as Officer/Director: []

Street Address: []

City, State: []

Zip Code & Country: []

Title: []
Name (Last, First, Middle, Title): []

- OR -

Entity Name to serve as Officer/Director: []

Street Address: []

City, State: []

Zip Code & Country: []

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Title _____
Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title _____
Officer/Director Signature _____

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.



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