

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034695

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** RICHARD J. TORRICELLI, M.D., P.A.

**Current Principal Place of Business:**

126 DEL PRADO BOULEVARD  
SUITE 104  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

126 DEL PRADO BOULEVARD N.  
SUITE 104  
CAPE CORAL, FL 33909

**Current Mailing Address:**

13736 BRYNWOOD LN  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 65-0917452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ADLER, NATHAN J ESQ.  
8695 COLLEGE PARKWAY  
SUITE 112  
FORT MYERS, FL 33919 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TORRICELLI, RICHARD J  
Address: 13736 BRYNWOOD LN  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: RICHARD J. TORRICELLI

D

05/02/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date