

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000057012

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

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8010 SUMMERLIN LAKES DR.  
SUITE 200  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

8010 SUMMERLIN LAKES DR.  
SUITE 200  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 65-0938254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRIPP, THEODORE L JR.  
2532 E. FIRST ST.  
FT. MYERS, FL 33901 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: FIORE, JOSEPH P  
Address: 8010 SUMMERLIN LAKES DR., STE 200  
City-St-Zip: FORT MYERS, FL 33907

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: J'P.FIORE

PRES

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date