

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079804

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** PETER RUGGIERO, M.D., P.A.

**Current Principal Place of Business:**

460 EAST ALTAMONTE DRIVE  
SUITE 2200  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

460 EAST ALTAMONTE DRIVE  
SUITE 2200  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3596688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUGGIERO, PETER M.D.  
460 EAST ALTAMONTE DRIVE  
SUITE 2200  
ALTAMONTE SPRINGS, FL 32701 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: RUGGIERO, PETER CEO  
Address: 460 EAST ALTAMONTE DRIVE, SUITE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DR  
Name: PANUCCIO, DENISE VP  
Address: 460 EAST ALTAMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: PETER RUGGIERO

CEO

02/02/2012

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

\_\_\_\_\_  
Date