2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086633

Entity Name: ANTHONY A. SALVADORE M.D., P.A.

FILED Jul 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

821 SEASAGE DRIVE DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

821 SEASAGE DRIVE DELRAY BEACH, FL 33483

FEI Number: 65-0951039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALVADORE, ANTHONY A MD 821 SEASAGE DRIVE DELRAY BEACH, FL 33483 US

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

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Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition SALVADORE, ANTHONY A M.D. SALVADORE, ANTHONY A M.D. Name: Name: 821 SEASAGE DRIVE 821 SEASAGE DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY SALVADORE, MD PRES 07/02/2005

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.