

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90016 049 \*\*\*150.00

**DOCUMENT # S29392**

1. Entity Name

JOSEPH V. D'ANGELO, M.D., P.A.



Principal Place of Business

5305 GREENWOOD AVE  
WEST PALM BEACH FL 33407  
US

Mailing Address

5305 GREENWOOD AVE.  
WEST PALM BEACH FL 33407  
US

2. Principal Place of Business

3375 BURNS RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14096

Suite, Apt. #, etc.

City & State

West Palm Beach Gardens

City & State

North Palm Beach, FLA

Zip

33408

Country

USA

Zip

33408

Country

USA

4. FEI Number

65-0243475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

BEW REGISTERED AGENT CORPORATION  
2300 CORPORATE BLVD.  
SUITE 137  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name ARTHUR JAFFE CPA

Street Address (P.O. Box Number is Not Acceptable)

3107 STERLING RD. Suite 201

City Ft Lauderdale

FL

Zip Code

33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME D'ANGELO, JOSEPH V. MD P  
STREET ADDRESS 11830 LAKE SHORE PL  
CITY-ST-ZIP N PALM BCH FL

TITLE VP ☐ Delete  
NAME HUSER, MARY  
STREET ADDRESS 11850 LAKE SHORE PL  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #