


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S46979</b>					
1. Entity Name GIANGRECO, SCARANO AND TAYLOR, P.A.					
Principal Place of Business 4861 27TH ST W BRADENTON, FL 34207 US			Mailing Address 4861 27TH ST W BRADENTON, FL 34207 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0257031				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIANGRECO, CATHERINE M 4861 27TH ST W PARKWOOD PROFESSIONAL CENTER BRADENTON, FL 34207			Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIANGRECO, ALFREDO A, MD		NAME	UN0000330635	
STREET ADDRESS	4812 - 26TH ST. WEST		STREET ADDRESS	04/25/05-80166-021 150.00	
CITY- ST- ZIP	BRADENTON, FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIANGRECO, CATHERINE, MD		NAME		
STREET ADDRESS	4812 - 26TH ST. WEST		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCARANO, JOSEPH, J., MD		NAME		
STREET ADDRESS	4812 - 26TH ST. WEST		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL		CITY- ST- ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, A FLORENTINA		NAME		
STREET ADDRESS	4861 27TH ST W		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL 34207		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <i>Catherine M. Cangreco MD</i>			4-22-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		