

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02404

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** PENNACHIO & FISHMAN, M.D., P.A.

**Current Principal Place of Business:**

640 S LAKE STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

640 S LAKE STREET  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 59-3097971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISHMAN, CRAIG D MD  
640 S LAKE STREET  
LEESBURG, FL 34748 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: VD  
Name: FISHMAN, CRAIG D M.D.  
Address: 640 S LAKE ST  
City-St-Zip: LEESBURG, FL 34748

Title: P  
Name: PENNACHIO, MICHAEL P M.D.  
Address: 640 S LAKE ST  
City-St-Zip: LEESBURG, FL 34748

Title: T  
Name: SHERIDAN, JEFFREY A M.D.  
Address: 640 S LAKE ST  
City-St-Zip: LEESBURG, FL 34748

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: MICHAEL P PENNACHIO

P

02/07/2012

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

\_\_\_\_\_ Date