


**2004 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V42260**  
 1. Entity Name  
**STEVEN TUCCI, M.D., PH D., P.A.**



Principal Place of Business      Mailing Address  
**7147 CURTISS AVE**                      **1447 PEREGRINE PT DR**  
**SARASOTA, FL 34231 US**              **SARASOTA, FL 34231 US**

**DO NOT WRITE IN THIS SPACE**



01292004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0304402**              Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TUCCI, STEVEN M**  
**1447 PEREGRINE POINT DRIVE**  
**SARASOTA, FL 34231**

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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 renewing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

00000078159  
 03/08/04-80016-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUCCI, STEVEN
STREET ADDRESS	1447 PEREGRINE POINT DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	KOERNGR-TUCCI, MARI E
STREET ADDRESS	1447 PEREGRINE PT. DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Steven M. Tucci M.D. Ph.D.      2/29/04      (941) 921-5809  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

STEVEN M. TUCCI M.D. PH.D.