

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70988

FILED
Apr 24, 2007
Secretary of State

Entity Name: RAUL REVELLO, M.D., P.A.

Current Principal Place of Business:

7520 W WATERS AVE
STE 5
TAMPA, FL 33615 US

New Principal Place of Business:

5901 WEBB ROAD
TAMPA, FL 33615 US

Current Mailing Address:

7520 W WATERS AVE
STE 5
TAMPA, FL 33615 US

New Mailing Address:

5901 WEBB ROAD
TAMPA, FL 33615 US

FEI Number: 59-3146490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVELLO, RAUL
7520 W. WATERS AVE.
STE 5
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

REVELLO, RAUL
5901 WEBB ROAD
TAMPA, FL 33615 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: RAUL REVELLO

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REVELLO, RAUL MD
Address: 7520 W WATERS AVE STE 5
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REVELLO, RAUL MD
Address: 5501 REFLECTIONS BLVD
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAUL REVELLO

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date