

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 504812

**Entity Name:** RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

5751 HOOVER BOULEVARD  
TAMPA, FL 33634

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC3640991444**

**Current Mailing Address:**

5751 HOOVER BOULEVARD  
TAMPA, FL 33634 US

**FEI Number: 59-1723249**

**Certificate of Status Desired: No**

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

COHEN, JESSICA ESQ  
5751 HOOVER BOULEVARD  
TAMPA, FL 33634 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RUFFOLO, ROBERT D.O.  
Address 5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title VP  
Name SHIELDS, DAVID M.D.  
Address 5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title S  
Name MCCALL, JANICE M.D.  
Address 5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

Title T  
Name PAUTLER, KEITH M.D.  
Address 5751 HOOVER BOULEVARD  
City-State-Zip: TAMPA FL 33634

*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: ROBERT RUFFOLO**

**PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date