

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000125268

**Entity Name:** JOSEPH PEDONE, M.D., P.A.

**Current Principal Place of Business:**

129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539

**Current Mailing Address:**

129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539 US

**FEI Number:** 51-0438868

**Certificate of Status Desired:** No

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

PEDONE, JOSEPH AMD  
129 EAST REDSTONE AVENUE  
SUITE A  
CRESTVIEW, FL 32539 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           PSTD  
Name           PEDONE, JOSEPH A  
Address        129 EAST REDSTONE AVENUE, SUITE  
                  A  
City-State-Zip: CRESTVIEW FL 32539

*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:** JOSEPH PEDONE, MD

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date