

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000046283

**Entity Name:** JOSEPH SABELLA, P.A.**Current Principal Place of Business:**4209 SW 15TH AVENUE  
CAPE CORAL, FL 33914**Current Mailing Address:**4209 SW 15TH AVENUE  
CAPE CORAL, FL 33914**FEI Number:** 20-4601102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SABELLA, JOSEPH  
4209 SW 15TH AVENUE  
CAPE CORAL, FL 33914 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	SABELLA, JOSEPH
Address	4209 SW 15TH AVENUE
City-State-Zip:	CAPE CORAL FL 33914

Title	VP
Name	SABELLA, MICHELA B
Address	4209 SW 15TH AVENUE
City-State-Zip:	CAPE CORAL FL 33914

Title	SEC
Name	SABELLA, JOSEPH
Address	4209 SW 15TH AVENUE
City-State-Zip:	CAPE CORAL FL 33914

Title	TR
Name	SABELLA, JOSEPH
Address	4209 SW 15TH AVENUE
City-State-Zip:	CAPE CORAL FL 33914

*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 SABELLA

PRESIDENT

01/15/2016

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