

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000023517

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC5058571573**

**Entity Name:** ANGELO CUSTODE HEALTHCARE PA

**Current Principal Place of Business:**

1804 OAKLEY SEAVER DR., STE. F  
CLERMONT, FL 34711

**Current Mailing Address:**

1804 OAKLEY SEAVER DR., STE. F  
CLERMONT, FL 34711

**FEI Number:** 46-5047588

**Certificate of Status Desired:** No

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

ALESSIA, MILANIA  
1804 OAKLEY SEAVER DR., STE. F  
CLERMONT, FL 34711 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 PTDS  
Name ALESSIA, MILANIA  
Address 1804 OAKLEY SEAVER DR  
City-State-Zip: CLERMONT FL 34711

Title S  
Name SMITH, D M  
Address 1804 OAKLEY SEAVER DR  
City-State-Zip: CLERMONT FL 34711

Title S  
Name SMITH, M  
Address 1804 OAKLEY SEAVER DR  
City-State-Zip: CLERMONT FL 34711

Title S  
Name SMITH, B L  
Address 1804 OAKLEY SEAVER DR  
City-State-Zip: CLERMONT FL 34711

Title S  
Name SMITH, B D  
Address 1804 OAKLEY SEAVER DR  
City-State-Zip: CLERMONT FL 34711

*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:** MILANIA ALESSIA

**PTDS**

**05/01/2015**

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

\_\_\_\_\_  
Date