

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000069955

**Entity Name:** JOSEPH F. SAVONA, M.D., P.A.

**Current Principal Place of Business:**

2572 WEST STATE ROAD 426  
SUITE 1048  
OVIEDO, FL 32765-8084

**Current Mailing Address:**

2572 WEST STATE ROAD 426  
SUITE 1048  
OVIEDO, FL 32765-8084

**FEI Number:** 59-3268809

**Certificate of Status Desired:** No

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

WHWW, INC.  
390 NORTH ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801 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 PD  
Name SAVONA, JOSEPH FM.D.  
Address 2572 WEST STATE ROAD 426, STE.  
1048  
City-State-Zip: OVIEDO FL 32765

Title TS  
Name TOKARSKI-SAVONA, PENELOPE A. M  
Address 2572 WEST STATE ROAD 426, STE.  
1048  
City-State-Zip: OVIEDO FL 32765

*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 F SAVONA

**PRESIDENT**

**01/07/2015**

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

\_\_\_\_\_  
Date