

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600640 (7)

1. Corporation Name

DAVID A. GIORDANO M. D., P.A.

FILED
95 JAN 27 PM 14:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1950 ARLINGTON STREET #307
SARASOTA FL 34239

Mailing Address
1950 ARLINGTON STREET #307
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1968
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1226187

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIORDANO, DAVID A
1950 ARLINGTON ST #307
SARASOTA FL 34239

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: GIORDANO, DAVID A
STREET ADDRESS: 1950 ARLINGTON ST.
CITY - ST - ZIP: SARASOTA FL

1.1 TITLE Change Addition

TITLE: D
NAME: PETERSON, WESLEY L
STREET ADDRESS: 1880 ARLINGTON ST.
CITY - ST - ZIP: SARASOTA FL

1.2 NAME Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

1.3 STREET ADDRESS Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

1.4 CITY - ST - ZIP Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.1 TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.2 NAME Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.3 STREET ADDRESS Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.4 CITY - ST - ZIP Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.2 NAME Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.3 STREET ADDRESS Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.4 CITY - ST - ZIP Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.2 NAME Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.3 STREET ADDRESS Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.4 CITY - ST - ZIP Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.2 NAME Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.3 STREET ADDRESS Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.4 CITY - ST - ZIP Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.2 NAME Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.3 STREET ADDRESS Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.4 CITY - ST - ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registrar or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Jan 20, 1995 813-366-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone/Fax #)