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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G56861** (9)
1. Corporation Name
CAANGAY & SULTAN NEONATOLOGY ASSOCIATES, P.A.



Principal Place of Business Mailing Address
% DEOGRACIAS L. CAANGAY, M.D.
9981 HEALTHPARK CR #281
FORT MYERS FL 33908
% DEOGRACIAS L. CAANGAY, M.D.
9981 HEALTHPARK CR #281
FORT MYERS FL 33908-3618

3. Date Incorporated or Qualified **07/26/1983** 3a. Date of Last Report **03/27/1996**
4. FEI Number **59-2316715** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country
25 30

9. Name and Address of Current Registered Agent

CAANGAY, DEOGRACIAS L., M.D.
9981 HEALTHPARK CR #281
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CAANGAY, DEOGRACIAS L.	3790 HIDDEN ACRES CIR.	N. FT. MYERS FL	☐
VST	SULTAN, SHAHD	9018 LIGON CT	FT MYERS, FL 00000	☐
D	LIN, WILLIAM F	9909 LIGON CT	FT MYERS FL 33908	☐
D	FAISEL, MOHAMES M	4400 WILDER RD	NAPLES FL 33942	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-97

9/11 432 3615

CR2E034 (9/96)