

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086700 (7)
 1. Corporation Name
VINCENZO PERRONE, M.D., P.A.



Principal Place of Business 3701 CORTEZ ROAD WEST BRADENTON FL 34210	Mailing Address 3701 CORTEZ ROAD WEST BRADENTON FL 34210-3108
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3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2010 59th ST. W	2a. Mailing Address 26 2010 59th ST. W
Suite, Apt. #, etc. 22 1009	Suite, Apt. #, etc. 27 1009
City & State 23 BRADENTON, FL.	City & State 28 BRADENTON FL.
Zip 24 34209	Country 25
Country 25	Zip 29 34209
	Country 30

4. FEI Number 65-0711173	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PERRONE, MARIA 3701 CORTEZ ROAD WEST BRADENTON FL 34210	
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10. Name and Address of New Registered Agent	
81 Name PERRONE MARIA	
82 Street Address (P.O. Box Number is Not Acceptable) 2010 59th ST. WEST	
83 SUITE 1009	
84 City BRADENTON, FL	85 Zip Code 34209

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME PERRONE, VINCENZO	
STREET ADDRESS 3701 CORTEZ ROAD WEST	
CITY-ST-ZIP BRADENTON FL 34210	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PERRONE VINCENZO	
1.3 STREET ADDRESS 2010 59th ST. W SUITE 1009	
1.4 CITY-ST-ZIP BRADENTON, FL. 34209	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ (4-11-97 (941)795-0011)

CR2E034 (9/96)