

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **455671** (8)

1. Corporation Name  
**ANTONUCCI AND SHEVACH, M.D., P.A.**



Principal Place of Business: **12631 WHITEHALL DR. FORT MYERS FL 33907-3626**  
Mailing Address: **12631 WHITEHALL DR. FORT MYERS FL 33907-3626**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/01/1974</b>	3a. Date of Last Report <b>04/27/1995</b>
21. Subst. Apt #, etc.	26. Subst. Apt #, etc.	4. FEI Number <b>59-1538358</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>SHEVACH, ALLEN B., M.D. 12631 WHITEALL DR. FORT MYERS FLORIDA FL 33907</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3. STREET ADDRESS	
NAME	NAME	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	6. NAME	
NAME	NAME	7. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	10. NAME	
STREET ADDRESS	STREET ADDRESS	11. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	14. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	15. STREET ADDRESS	
NAME	NAME	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	18. NAME	
NAME	NAME	19. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	22. NAME	
STREET ADDRESS	STREET ADDRESS	23. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	26. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	27. STREET ADDRESS	
NAME	NAME	28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	30. NAME	
NAME	NAME	31. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	32. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	34. NAME	
STREET ADDRESS	STREET ADDRESS	35. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	36. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	38. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	39. STREET ADDRESS	
NAME	NAME	40. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	42. NAME	
NAME	NAME	43. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	46. NAME	
STREET ADDRESS	STREET ADDRESS	47. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	48. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	50. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	51. STREET ADDRESS	
NAME	NAME	52. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	54. NAME	
NAME	NAME	55. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	56. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	57. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	58. NAME	
STREET ADDRESS	STREET ADDRESS	59. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	60. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	62. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	63. STREET ADDRESS	
NAME	NAME	64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	65. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	66. NAME	
NAME	NAME	67. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	68. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	69. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	70. NAME	
STREET ADDRESS	STREET ADDRESS	71. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	72. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	73. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	74. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	75. STREET ADDRESS	
NAME	NAME	76. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	77. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	78. NAME	
NAME	NAME	79. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	80. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	81. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	82. NAME	
STREET ADDRESS	STREET ADDRESS	83. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	84. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	85. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	86. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	87. STREET ADDRESS	
NAME	NAME	88. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	89. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	90. NAME	
NAME	NAME	91. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	92. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	93. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	94. NAME	
STREET ADDRESS	STREET ADDRESS	95. STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	96. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	97. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	98. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	99. STREET ADDRESS	
NAME	NAME	100. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 appointment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **5/1/96** 936-5656

CR2E034 (12/95)