

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **457722** (7)

1. Corporation Name

FRANCIS A. FUCILE, D.O., P.A.



Principal Place of Business

**1835 S ATLANTIC AVE
SUITE 304
COCOA BEACH FL 32931
US**

Mailing Address

**7550 MITAMAR PKWY
MIRAMAR FL 33023
US**

3. Date Incorporated or Qualified

09/04/1974

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **1835 S. ATLANTIC AVE**

4. FEI Number

59-1552734

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 304**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Cocoa Bch. Fl.**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32931** **25** **USA**

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

**FUCILE, FRANCIS A.
6161 MIRAMAR PARKWAY
MIRAMAR FLORIDA 33023**

81 Name

Same

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

1835 S. ATLANTIC AVE.

83 **Suite 304**

84 City

Cocoa Bch

FL

85 Zip Code **32931**

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** ☐ DELETE
NAME **FUCILE, FRANCIS A**
STREET ADDRESS **1835 S ATLANTIC AVE 3304**
CITY - ST - ZIP **COCOA BCH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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3.4 CITY - ST - ZIP

TITLE ☐ DELETE
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4.1 TITLE ☐ Change ☐ Addition

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4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
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5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 attachment with an address.

SIGNATURE:

Francis A. Fucile Do
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-96 407-784-9693

CR2E034 (12/95)