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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 476974

1. Corporation Name

PUPELLO, BESSONE AND LOPEZ-CUENCA, M.D.'S, P.A.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90110 004 ***150.00



Principal Pla	ce of Business	Mailing Address				A BIBIC BIBIC BIBIC	
2814 W VIRGINIA AVE TAMPA FL 33607-3330 TAMPA FL 33607-3330							
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 06/01/1975		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-1593568	N/	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28 7:	<u> </u>		Trust Fund Contribution		to Fees
24	25.	Zip	Country	'	8. This corporation owes the current year		
24	9. Name and Address of Curre	29 36	"		Personal Property Tax.	Yes	□No
	5. Home and Address of Care	in registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
PUP	PELLO, DENNIS F.						
2814 W VIRGINIA AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAM	IPA FL 33607-3330		83				
			84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Statutes,	the above	-named corpo	oration submits this statement for the purpose	of changing its	registered
onice or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth-	orized by	the corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	_			,			1
OIGITATORE	Signature, typed or printed name of registered age		jistered Ager	t signature required	f when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
TITLE	PD PENNIO E	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PUPELLO, DENNIS F.		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	TAMPA, FL.	DELETE	1.4 CITY-S	r-ZIP	·		
	1	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME STREET APPRECE	BESSONE, LUIS N. 2814 W. VIRGINIA AVE.		2.2 NAME				
STREET ADDRESS	TAMPA, FL.		2.3 STREET				
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP			fred a delicion
NAME	LOPEZ-CUENCA, ENRIQUE	E DELETE	3.2 NAME			☐ Change	Addition
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA, FL. 33607		3.4. CITY-S				
TITLE	SD	☐ DELETE	4.1 TITLE	1 =45		Change	Addition
NAME	BROCK, JOHN C.		4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY-ST-ZIP	TAMPA, FL. 33607		4.4 CITY-ST				ł
TITLE	SD	☐ DELETE	5.1 TITLE			Change	Addition
NAME	ALKIRE, MARK J.		5.2 NAME			_ •	_
STREET ADDRESS	2814 W. VIRGINIA AVE.		5.3 STREET	ADDRESS	•		
CITY-ST-ZIP	TAMPA, FL. 33607		5.4 CITY-ST	- ZIP	<u> </u>		ļ
TITLE	SD	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	IZZO, EDWARD G. JR.		6.2 NAME		•		}
STREET ADDRESS	2814 W. VIRGINIA AVE.		6.3 STREET	ADDRESS			
CITY OF ZID	TAMPA EL 22607		CACITY OF	710			1

14. I 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 peciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpor-Block 12 or Block 13 if charges

SIGNATURE: