

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 481532 (0)**  
 1. Corporation Name  
**EVANGILISTA AND REODICA, M.D., P.A.**



Principal Place of Business <b>20 BALDWIN AVE. DEFUNIAK SPRING FL 32433</b>	Mailing Address <b>20 BALDWIN AVE. DEFUNIAK SPRING FL 32433</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/31/1975</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21 Suite, Apt. #, etc.		22 City & State		23 Zip	
22 City & State		23 Zip		24 Country	
23 Zip		24 Country		25	
24 Country		25		26	
25		26		27	
26		27		28	
27		28		29	
28		29		30	
29		30		31	
30		31		32	
31		32		33	
32		33		34	
33		34		35	
34		35		36	
35		36		37	
36		37		38	
37		38		39	
38		39		40	
39		40		41	
40		41		42	
41		42		43	
42		43		44	
43		44		45	
44		45		46	
45		46		47	
46		47		48	
47		48		49	
48		49		50	
49		50		51	
50		51		52	
51		52		53	
52		53		54	
53		54		55	
54		55		56	
55		56		57	
56		57		58	
57		58		59	
58		59		60	
59		60		61	
60		61		62	
61		62		63	
62		63		64	
63		64		65	
64		65		66	
65		66		67	
66		67		68	
67		68		69	
68		69		70	
69		70		71	
70		71		72	
71		72		73	
72		73		74	
73		74		75	
74		75		76	
75		76		77	
76		77		78	
77		78		79	
78		79		80	
79		80		81	
80		81		82	
81		82		83	
82		83		84	
83		84		85	
84		85		86	
85		86		87	
86		87		88	
87		88		89	
88		89		90	
89		90		91	
90		91		92	
91		92		93	
92		93		94	
93		94		95	
94		95		96	
95		96		97	
96		97		98	
97		98		99	
98		99		100	
99		100		101	
100		101		102	
101		102		103	
102		103		104	
103		104		105	
104		105		106	
105		106		107	
106		107		108	
107		108		109	
108		109		110	
109		110		111	
110		111		112	
111		112		113	
112		113		114	
113		114		115	
114		115		116	
115		116		117	
116		117		118	
117		118		119	
118		119		120	
119		120		121	
120		121		122	
121		122		123	
122		123		124	
123		124		125	
124		125		126	
125		126		127	
126		127		128	
127		128		129	
128		129		130	
129		130		131	
130		131		132	
131		132		133	
132		133		134	
133		134		135	
134		135		136	
135		136		137	
136		137		138	
137		138		139	
138		139		140	
139		140		141	
140		141		142	
141		142		143	
142		143		144	
143		144		145	
144		145		146	
145		146		147	
146		147		148	
147		148		149	
148		149		150	
149		150		151	
150		151		152	
151		152		153	
152		153		154	
153		154		155	
154		155		156	
155		156		157	
156		157		158	
157		158		159	
158		159		160	
159		160		161	
160		161		162	
161		162		163	
162		163		164	
163		164		165	
164		165		166	
165		166		167	
166		167		168	
167		168		169	
168		169		170	
169		170		171	
170		171		172	
171		172		173	
172		173		174	
173		174		175	
174		175		176	
175		176		177	
176		177		178	
177		178		179	
178		179		180	
179		180		181	
180		181		182	
181		182		183	
182		183		184	
183		184		185	
184		185		186	
185		186		187	
186		187		188	
187		188		189	
188		189		190	
189		190		191	
190		191		192	
191		192		193	
192		193		194	
193		194		195	
194		195		196	
195		196		197	
196		197		198	
197		198		199	
198		199		200	

**9. Name and Address of Current Registered Agent**

**EVANGILISTA, JUAN N.**  
**672 BALDWIN AVE**  
**DEFUNIAK SPRING FL 32433**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>REODICA, SOLOMON D</b>	
STREET ADDRESS	<b>103 MARION COURT</b>	
CITY - ST - ZIP	<b>NICEVILLE, FLORIDA 32578</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANGELISTA, JUAN N</b>	
STREET ADDRESS	<b>1000 COLLEGE BLVD</b>	
CITY - ST - ZIP	<b>NICEVILLE, FL 32578</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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: *Sandra B. Mortham*

4/13/98

CR2E034 (10/97)