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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 487077

(0)

ATLANTIC COAST OB-GYN, P.A.

FILED	
Apr 22 1997 8:00am	)
Secretary of State	

Dringing Diag	of their one	Mailing A	Hdrono						
Principal Place B30 CENTURY A	830 CENTU	iiling Address Century Medical Drive Usville Fl 32796-2141			t legtigt middt fafit sankt datet legte tonet Start midtt didtt Gibri atibit aftet fant				
titusville fl	32796	HIDSAILLE	: PL 32746-214	1		3. Date Incorporated or Qualified	3a Dal	e of Last R	enort
						10/01/1975	[	1/1996	opon
2. Principal Pl	ace of Business	2a. Maiting	Address			4. FEI Number			plied For
1	and the second s	26				59-1617908			t Applicable
Suite, Apt. 2	#, øtc	27 Suite,	Apt #, etc.			5. Certificate of Status Desired		+	Additional equired
City & State	)	City & <b>28</b>	State			Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be to Fees
<b>Ζ</b> ιρ	Country	Zip	·	Cour	ntry	8. This corporation has liability for it	ntangible t		
•	25	29		30			Yes 🗆		
	9. Name and Address of Curr	ent Registered A	gent			10. Name and Address of New Re	gistered A	gent	
PATE	NIZIO, SABATINO A			ļ	81 Name				
830 (	CENTURY MEDICAL DRIVE			ŧ	82 Street Add	fress (P.O. Box Number is Not Acceptab	le)		··
TITU	SVILLE FL 32798			ļ					
				i	83)				
				Ì	84 City		P= 1	65 Zip	Code
				<u> </u>		poration submits this statement for the p	<u>FL</u>	Ļ Ļ	
agent. La	m familiar with, and accept the ob								
IGNATURE	Say alone, typical or printing name of registered	agent and title I applicat				ured when reinstating)	DATE PEDS AND	DIRECTOR	S IM 12
BIGNATURE	Say alone, typed or pristro name of registered OFFICERS A		ole. (NC	13.	Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
SIGNATURE  2. IILE	Sip alon: typed or prison rame of registered OFFICERS A	agent and title I applicat		13, 1.1 H	Agent signature requ		ERS AND	DIRECTOR	
IGNATURE  2. IILE IAME	Sip ature typed or pretera name of registered OFFICERS A PD PATRIZIO, SABATINO	agent and title + applicat AND DIRECTORS	ole. (NC	13. 1.1 HT 1.2 NA	Agent aignature requ		ERS AND		
SIGNATURE  2.  IILE IAME IREFT ADDRESS	Sup above Agued or product rame of negationed OFFICERS A PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DR	agent and title + applicat AND DIRECTORS	ole. (NC	13, 1.1 HT 1.2 NA 1.3 ST	Agent signature required to the signature requirement of the signature req		ERS AND		
SIGNATURE  2.  ILLE IAME TREET ADDRESS (ETY-ST-ZIP)	Sip ature typed or pretera name of registered OFFICERS A PD PATRIZIO, SABATINO	agent and title + applicat AND DIRECTORS	ole. (NC	13, 1.1 HT 1.2 NA 1.3 ST	Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP		ERS AND		Additio
EIGNATURE  12.  ILLE IAME EIREFT ADDRESS DITY-ST-ZIP ITLE	Signature: Igned or protest rame of registered OFFICERS A PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRI TITUSVILLE FL	agent and title + applicat AND DIRECTORS	NO. (NC	13. 1.1 HT 1.2 NA 1.3 ST 1.4 CD	Agent signature requirements  LE  ME  REET ADDRESS  (Y-ST-ZIP  LE		ERS AND	Change	Additio
SIGNATURE  2.  IIILE  IAME  IREF! ADDRESS  ITY-SI-7IP  ITLE  IAME	Signature: typed or protest rame of registered OFFICERS A PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRI TITUSVILLE FL D	agent and title 4 approcate AND DIRECTORS	NO. (NC	13. 1.1 IIT 12 NA 1.3 STI 1.4 CIT 21 TIT 2.2 NA	Agent signature requirements  LE  ME  REET ADDRESS  (Y-ST-ZIP  LE		ERS AND	Change	Additio
SIGNATURE  2.  IILE  IMEET ADDRESS FITY-ST-7IP ITLE  IMEET ADDRESS ITREFT ADDRESS	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE	13. 1.1 FIT 1.2 NA 1.3 STU 1.4 CIT 2.1 TIT 2.2 NA 2.3 STU	Agent signature requirements  LE  ME  REET ADDRESS  (Y-ST-ZIP  LE  ME		ERS AND	Change Change	Additio
SIGNATURE  2.  HILE HAME SIREFI ADDRESS SHY-ST-7IP HILE HAME HAME SIREFI ADDRESS SIRY-SZ-7IP	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	NO. (NC	13. 1.1 HT 12 NA 1.3 STI 1.4 CII 2.1 HT 2.2 NA 2.3 STI 2.4 CI 3.1 HT	Agent signature required to the signature requirement of the signature req		ERS AND	Change	Additio
SIGNATURE  2.  III.E  IAME	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE	13. 1.1 FIT 1.2 NA 1.3 STA 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA	Agent signature required to the signature requirement of the signature req		ERS AND	Change Change	Additio
SIGNATURE  2.  IIILE  IAME  ITEFT ADDRESS  ITY-ST-ZIP  IIILE  IAME  ITY-ST-ZIP  IIILE  IAME  IAME  ITHERITADDRESS  ITY-ST-ZIP  IIILE  IAME  ITHERITADDRESS	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE	13. 1.1 fit 12 NA 1.3 5Ti 1.4 CI 21 Ti 22 NA 2.3 STi 2.4 CI 3.1 fit 3.2 NA 3.3 STi	Agent signature required to the signature requirement of the signature req		ERS AND	Change Change	Additio
SIGNATURE  2.  IIILE  IAME  SIREFI ADDRESS  OTY-ST-ZIP  IIILE  IAME  SIREFI ADDRESS  OTY-ST-ZIP  IIILE  IAME  SIREFI ADDRESS  SIRY-ST-ZIP  IIILE  SIREFI ADDRESS  SIRY-ST-ZIP	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 FIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 FIT 3.2 NA 3.3 STI 3.4 CIT 3.4 CIT	Agent signature required to the signature re		ERS AND	Change Change	Additio
SIGNATURE  12.  IIILE  NAME  SIREFI ADDRESS  CITY-ST-ZIP  IIILE  NAME  SIREFI ADDRESS  CITY-S7-ZIP  IIILE  NAME  SIREFI ADDRESS  CITY-S1-ZIP  IIILE	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT	Agent signature required to the signature required to the signature requirement of the signature requir		ERS AND	Change Change	Additio
SIGNATURE  12.  IIILE  NAME  SIREFI ADDRESS  CITY-ST-ZIP  IIILE  NAME  SIREFI ADDRESS  CITY-S'-ZIP  IIILE  NAME  STREET ADDRESS  CITY-S'-ZIP  IIILE  NAME  NAME  NAME	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.2 NA	Agent signature required to the signature re		ERS AND	Change Change	Additio
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CHY-ST-ZIP  IIILE  NAME  STREET ADDRESS  STREET ADDRESS	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 III 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA	Agent signature required to the signature re		ERS AND	Change Change	Additio
SIGNATURE  2.  IIILE  IAME  SIREFI ADDRESS  DITY-ST-ZIP  IIILE  IAME  SIREFI ADDRESS  SITY-ST-ZIP  IIILE  SIREFI ADDRESS  SITY-ST-ZIP	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 III 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA	Agent signature required to the signature requirement of the signature req		ERS AND	Change Change	Additio
SIGNATURE  12.  III.E  STREFT ADDRESS DITY-ST-ZIP  III.E  STREFT ADDRESS DITY-SY-ZIP  III.E  STREFT ADDRESS DITY-SY-ZIP  III.E  SAME STREFT ADDRESS DITY-SY-ZIP  III.E  SAME STREFT ADDRESS DITY-SY-ZIP  III.E  STREFT ADDRESS DITY-SY-ZIP  III.E	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.2 NA 4.3 STI 4.4 CIT	Agent signature required to the signature requirement of the signature req		ERS AND	Change Change Change	Additio
SIGNATURE  2.  JULE  JAME  STREET ADDRESS  DITY-ST-ZIP  TITLE  JAME  STREET ADDRESS  SITY-ST-ZIP  TITLE  JAME  JAME	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CII 3.1 TIT 3.2 NA 3.3 STI 3.4 CII 4.2 NI 4.3 STI 4.2 NI 4.5 TII 5.2 NA	Agent signature required to the signature requirement of the signature req		ERS AND	Change Change Change	Additio
SIGNATURE  2.  III.E  IAME  STREET ADDRESS  DITY-ST-ZIP  III.E  IAME  STREET ADDRESS  DITY-SZ-ZIP  III.E  IAME  STREET ADDRESS	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 3.4 CII 3.1 TII 4.2 NA 4.3 STI 4.4 CII 5.3 TII 5.2 NA 5.3 STI	Agent signature required to the signature re		ERS AND	Change Change Change Change	Additio
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS CITY, ST. ZIP	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 3.4 CII 3.1 TII 4.2 NA 4.3 STI 4.4 CII 5.3 TII 5.2 NA 5.3 STI	Agent signature required to the state of the		ERS AND	Change Change Change	Additio
SIGNATURE  12.  THE  NAME  STREFT ADDRESS CHY-ST-ZIP  THE  NAME STREFT ADDRESS CHY-ST-ZIP  THE  NAME STREFT ADDRESS CHY-ST-ZIP THE  NAME STREFT ADDRESS CHY-ST-ZIP THE  NAME STREFT ADDRESS CHY-ST-ZIP THE  STREFT ADDRESS CHY-ST-ZIP THE	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	13. 1.1 FIT 12 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CII 4.2 NI 4.3 STI 4.2 NI 5.3 TIT 5.2 NA 5.3 ST 5.4 CII 5.1 TIT 5.2 NA	Agert aignature required to the control of the cont		ERS AND	Change Change Change Change	Additio
SIGNATURE	PD PATRIZIO, SABATINO 830 CENTURY MEDICAL DRITTUSVILLE FL D SMITH, THOMAS 830 CENTURY MEDICAL DRIST	agent and title 4 approcate AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	13. 1.1 FIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4. CIT 4.2 NA 4.5 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.2 NA	Agert aignature required to the control of the cont		ERS AND	Change Change Change Change	Addition  Addition  Addition  Addition  Addition

SIGNATURÉ

STATURE REQUIRS, 9. Patrizio mo

4/9/97 (407)269,122