

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:00

DOCUMENT # **517644** (1)

1. Corporation Name

ALEJANDRO A. RADI, M.D., P.A.

Principal Place of Business

**580 WEST 8TH ST.
SUITE 502, MEDICAL CENTER PLAZA
JACKSONVILLE FL 32209**

Mailing Address

**580 WEST 8TH ST.
SUITE 502, MEDICAL CENTER PLAZA
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1976	3a. Date of Last Report 04/11/1994
4. FEI Number 59-1700325	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**RADI, ALEJANDRO A.
580 WEST 8TH ST., S-502
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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

Signature of Agent or Person in Charge of Registered Agent and Mailing Address

NOTE: Registered Agent Separated (Required when separating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RADI, ALEJANDRO A.	1.2 NAME	
STREET ADDRESS	7204 SAU PEDRO RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	RADI, DIANA	2.2 NAME	
STREET ADDRESS	7204 SAU PEDRO RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 140.07(6)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental and add 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 of this report or on an attachment with an address.

SIGNATURE: *Alejandro A. Radi*

SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Alejandro A. Radi

1 / 95

904-354-3109